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PART PLAYED BY THE STATE INSTITUTIONS IN THE CARE OF THE FEEBLE-MINDED

BY F. KUHLMANN.

The main object of this paper is to present some statistics on a number of questions relating to the care of the feeble-minded. The findings will be discussed with reference to possible remedies. Officials of State Institutions are somewhat familiar with many of the conditions the figures reveal. The public in general, however, is imbued with views that are wholly at variance with most of them, or lacks information entirely.

The main question concerns the different percentages of the total number of existing feeble-minded that are at present in different kinds of institutions and parts of society. So far as there exists a clearly defined policy as to what the State should aim to do in the care of the feeble-minded the facts here will show in what degree the State is accomplishing its chief aim. The second question to be considered will be how this distribution of the feeble-minded in society is affected by grade of feeble-mindedness, sex, age, and legislation. A third question that will be considered is that of the frequency with which the feeble-minded leave institutions permanently after they were once committed. And fourth, how this is affected again by the same factors of grade, sex, age and legislation.

The determination of the percentage of the existing feeble-minded that are in different institutions, and outside, involves a determination of the total number existing in the country. Since the latter can never be found by actual enumeration, because it is impossible to examine every possibly feeble-minded

person to decide his mental status, this number must be estimated on the basis of more or less thorough enumeration for relatively small districts. Even in this case, the relative number of the general population found feeble-minded has varied widely with the thoroughness of the survey of such a limited district. Thus, the general U. S. census reports of 1880 and 1890 give 1 per 652 of the general population as feeble-minded. The report of the Royal Committee of England in 1908 on the care and control of the feeble-minded, which involved the survey of districts with a total population of several millions, gives 1 per 305 of the general population as feeble-minded. The survey of Lapeer County, Michigan, reported 1 per 171 of the general population as feeble-minded in 1913. The variation in these figures is in all probability due mostly to differences in thoroughness with which the surveys were made. For the purpose of treating the statistics that are to follow, the ratio assumed here will be 1 feeble-minded for every 200 of general population or .5 per cent. Since all the figures to be presented will be affected equally by the ratio assumed, it will not matter materially for the present purpose whether it is somewhat too high or too low.

A. Distribution of the Feeble-Minded in Society.¹

The percentage of the total number of existing feeble-minded that are in special institutions for the feeble-minded, in reformatories, in poor houses, in the public schools, and at large, will be considered.

1. Percentage in Special Institutions for the Feeble-Minded. This percentage varies much from one state to another. It is affected chiefly by legislation, some States having no special institutions at all, and many more having made provisions that only partly meet immediate demands. It is affected further by recency of establishment of institutions, their personnel, policies, and other factors. The special U. S. Census Report of 1910 on the number of feeble-minded and insane in institutions gives 20,731 feeble-minded in the institutions of the United States. Assuming .5 per cent of the general population to be feeble-minded, makes this number 4.5 per cent of the total number existing in 1910. On this basis, the highest percentage in any state is 12, in Minnesota. For the ten leading states the percentages are as follows:

¹This section, somewhat re-written, and the results of one more state added, was published under this title in the *Journal of Criminal Law and Criminology*, July, 1916.

TABLE I.

Minnesota	12 per cent
Iowa	11 per cent
Massachusetts	9 per cent
Wisconsin	9 per cent
Indiana	8 per cent
New York	8 per cent
Pennsylvania	7 per cent
Michigan	6 per cent
Ohio	6 per cent
Illinois	5 per cent

In general, the States of the Middle West lead, the larger States of the East come next, and the Southern and Rocky Mountain States last. These are not very encouraging figures, and they are especially disheartening to those who believe that all the feeble-minded should be segregated in special institutions. 4.5 per cent hardly represents a beginning, nor is the situation materially improved if the basal assumption that .5 per cent of the general population is feeble-minded is much too high. The very lowest estimates place the figure at about half this, which would raise the percentage of the total number of feeble-minded in special institutions to about 10 per cent. But even, if this latter figure were more nearly correct, it is seen that for the United States as a whole nothing substantial has yet been accomplished towards a complete solution of the problem of the care of all the feeble-minded by segregating them in special institutions.

2. **Percentage in Reformatories.** The percentage of the feeble-minded that are in reformatories may be determined from the reformatory population and the percentage of this population that is feeble-minded. This estimate can only be quite rough. The reformatory population from State to State varies more than the population for the institutions for feeble-minded. The percentage of the reformatory population that is feeble-minded also varies with a number of changing conditions, such as locality, the presence of an institution for feeble-minded in the same state, the methods and policies of officials of both reformatory and institution for feeble-minded, and especially the character and methods of the court that commits the cases. Estimates on the percentage of the reformatory population that is feeble-minded range from only a few per cent to 75 per cent and over. The higher estimates are recent

ones, and are based on the results of Binet-Simon tests. They are high because the tests were not used correctly, and the results misinterpreted, or, as in some cases, because only a selected group of the reformatory population, probably not representative of the whole, was examined. In two reformatories the total population was examined with these tests. These are the Minnesota State Reformatory at St. Cloud² and the Whittier State School of California.³ 25 per cent, possibly 35 per cent, of the 370 inmates of the former were definitely feeble-minded. Another 10 to 20 per cent were only just above this grade.⁴ At the Whittier School 28 per cent are reported as definitely feeble-minded, and 25 per cent more as borderline. The results of these two reformatories probably represent the average condition in reformatories in general much more closely than do any others so far obtained. Assuming 25 to 30 per cent of all reformatory inmates to be feeble-minded, gives less than 2 per cent of the total existing number of feeble-minded as inmates of reformatories. But since many states have as yet no reformatories at all, and many more have them only for boys, and not for girls, the percentage for the United States as a whole must drop to less than 1 per cent. It may be placed, very roughly, at 1 per cent.

3. Percentage in Poor Houses. Very little is known definitely of the percentage of the inmates of poor houses that is feeble-minded. That there is a close relation between feeble-mindedness and pauperism is to be expected. It has been found to be so in many individual instances. But statistics are limited to general estimates. There were U. S. Census reports on this question in 1904 and 1910. The former gives 16,551 feeble-minded in poor houses, and the latter 13,238. The method of determining what inmates were feeble-minded was probably that of general observation by poor house officials and of those committing the cases, and these figures must be judged accordingly. The two reports show a considerable decrease in number during this six year interval. This is un-

²See Green, E. G., *The Defective Delinquent*. Reformatory Press, 1913.

³See Williams, J. H., *A Study of 150 Delinquent Boys*. Bulletin No. 9, Research Laboratory of the Buckel Foundation, Department of Education, Stanford University, 1915.

⁴Fractions in the mental ages are not given, so that the percentage can be stated only approximately from the figures. All but one case were sixteen years or older, and of these 35 per cent had a mental age of 10, or less; 16 per cent had a mental age of 11, and 20 per cent a mental age of 12.

doubtedly the general tendency, as the special institutions for the feeble-minded increase in number and capacity, as methods of diagnosis improve, and as a general interest and progress in the whole subject increases. Taking the figures as they stand, the number of feeble-minded in poor houses exceeds the number in special institutions for the feeble-minded by 2,204 in 1904. In 1910 the number in the poor houses is still over half the number in the special institutions. Figured on the same basis of .5 per cent of the general population as feeble-minded, gives 2.9 per cent of all existing feeble-minded as inmates of poor houses in 1910.

4. Percentage in the Public Schools. The percentage of the existing feeble-minded that are in the public schools may be determined from the percentage of the public school children that are feeble-minded. The exact percentage for the latter is at present a much disputed question. The relative percentage of feeble-minded in the public schools enumerated or estimated varies from about .5 per cent to over 2 per cent. Most of this variation seems to result from differences in methods of making the surveys and estimates. Where the enumeration has been based on teachers' or medical inspectors' reports the percentage is usually below one. Inquiries made by a ministerial commission in France in 1896 found a little less than one per cent of the school children feeble-minded.⁵ Of a total school enrollment of 436,833 in England and Wales medical inspectors reported .59 per cent feeble-minded.⁶ In Victoria, the school teachers, under direction of a special committee appointed to determine the number of feeble-minded in the State Schools, reported .42 per cent feeble-minded in a total enrollment of 175,000, in 1912.⁷ These reports are of course not based on the examination of every individual child, and undoubtedly a number of the higher grades of feeble-mindedness escaped detection by the methods necessary to employ. The correct percentage is in all probability somewhat higher. The results of examining school children with the Binet-Simon tests have led Goddard to conclude that at least two per cent are feeble-minded. With this high figure a number of other observers seem to agree. Published accounts of

⁵Quoted by Binet and Simon in "Mentally Defective Children." Mans. by W. B. Drummond, N. Y., 1914.

⁶Report of Royal Commission on Care and Control of Feeble-Minded, 1908, P. 91.

⁷Report of the Minister of Public Instruction for the year 1911-1912, Melbourne, 1913, P. 140.

the results of complete or partial surveys of school systems with the Binet-Simon tests do not, in the writer's judgment, justify placing the percentage much, if any, above one per cent. The most convincing evidence that it is higher are the recent results obtained by a number of Binet-Simon examiners under the direction of Terman, who examined 1,000 non-selected children in various schools in Western States.⁵ According to these results over two per cent had an intelligence quotient below .75, which, assuming that there were no errors elsewhere in the results or methods, indicates feeble-mindedness. A further analysis of these results will be required to show whether this figure can be accepted as representing the facts in public schools in general. The classification of a child as feeble-minded even on the basis of a Binet-Simon examination is largely a matter of definition and interpretation. If the line between feeble-minded and normal is drawn very high, two per cent of the school children may very well be feeble-minded. The degree in which school attendance laws are enforced for the schools under consideration is also a matter that must not be overlooked. Where they are not enforced the tendency is for the feeble-minded to drop out of the public schools, and this materially reduces the percentage of the school population that is feeble-minded. Limiting the term feeble-minded to the grades of intelligence now usually found in special institutions for the feeble-minded, the frequency of feeble-mindedness among public school children may be put roughly at one per cent. One per cent of the total enrollment in the elementary schools, public and private, of the United States in 1910 is 183,398. This is 40 per cent of the estimated total number of feeble-minded for this year.

5. Percentage Unaccounted For. The several percentages so far obtained may now be summed up. This shows that 51.6 per cent are still left, unaccounted for, making the complete distribution of the feeble-minded in society as follows:

Per cent in Institutions for Feeble-Minded.....	4.5
Per cent in Reformatories.....	1.0
Per cent in Poor Houses.....	2.9
Per cent in Public Schools.....	40.0
Per cent Unaccounted for.....	51.6

A small number of the unaccounted for are in State prisons and jails. But as this number is less than for the reformatories, it must be only a small fraction of one per cent. Others

⁵Terman, L. M., *The Measurement of Intelligence*, 1916.

are in insane asylums. In both instances the number is rapidly decreasing, as special provisions for the feeble-minded are increased, and as methods of diagnosis and commitment are improved. The unaccounted for must therefore be mostly cases kept at home and out of school, and adults who for the time being are making an independent living.

B. Factors Influencing the Distribution.

From a sociological standpoint the importance of whether a particular case of feeble-mindedness is specially cared for depends on a great number of different factors. These are chiefly, grade of intelligence, age, sex, and many physical and mental peculiarities, too varied to be considered here. In this section the influence of some of these factors on placing the feeble-minded in different parts of society will be considered.

1. Grades of Feeble-Mindedness. (a) Relative frequency of different grades. It will be necessary to consider the relative number of cases belonging to the different grades of feeble-mindedness in order to determine the influence of grade on placing the feeble-minded in one institution or another, or on leaving them without special care. According to general theory, the individuals of any class are the more numerous the closer that class is to the average of the whole group. This holds true of grades of intelligence, and means that the higher the grade of feeble-mindedness the more individuals will belong to that grade. There are more morons than imbeciles, and more imbeciles than idiots. The exact relative frequency of individuals of these three grades is still not known. The report of the Royal Commission of England gives the number found for each grade. Reduced to terms of per cents, this gives the following, in round numbers:

Idiots.	Imbeciles.	Morons.
5	20	75

Since the higher rather than the lower grades escape detection in such a survey, the number found is undoubtedly a little too low for the imbeciles, and much more too low for the morons. This would increase the relative percentage that are of moron grade.

(b) Grades in institutions for the feeble-minded. Pauperism, delinquency, and crime in their association with feeble-mindedness are for the most part connected with the higher grades only. Secondly, the majority of feeble-minded children have feeble-minded parents, and these feeble-minded parents are invariably the high grade. Thirdly, the high grade

cases alone can be trained to useful activities to such a degree as to yield practical returns. For each of these three reasons it is more important to provide special institutional care for the high grade than for the low grade. To provide for the lower grades only does little more than relieve the individual homes from which they come which, though it means much to these homes, does but relatively little that is of interest to society in general. At the beginning of 1915 the writer sent out a questionnaire to the different institutions for the feeble-minded in the United States, asking, among other things, for the number of idiots, imbeciles, and morons in each institution on January 1st, 1915. From the returns received six State institutions could be selected which admitted all grades without discrimination. These are California, Illinois, Indiana, Kansas, Minnesota and Wisconsin. They may be taken together as roughly representing the average condition in the United States as a whole, or at least for all institutions that make no discrimination as to grade in admissions. The chief disturbing factor militating against this assumption is the fact that in the newer institutions and States, and in institutions having large waiting lists of cases for which there is no room, the tendency is probably to admit the lower grade rather than the higher grade cases.

The figures in the following table are for the six States mentioned for which questionnaire returns are considered, and are obtained with the aid of the assumption, already discussed, namely, that .5 per cent of the general population is feeble-minded, and that of the existing feeble-minded 5 per cent are of idiot grade, 20 per cent imbecile, and 75 per cent moron.

TABLE III.

Total numbers existing in six States	4,205	16,818	63,067
Total numbers in institutions in six States	1,699	3,389	1,504
Per cent for each grade.....	26	51	23
Total per cent of existing numbers in institutions.....	40	20	2

.5 per cent of the general population of the six States in 1910 gives a total of 84,090 feeble-minded, of which 5 per cent, or 4,205, are figured as idiots, 20 per cent, or 16,818 as imbeciles, etc. The total numbers enumerated in the special institutions for the feeble-minded in these States, according to the questionnaire returns, are given in the second line of the table. It

is thus seen that of the total institution population only 23 per cent are morons, and that this 23 per cent of institution population constitutes only 2 per cent of the existing number of morons. In other words, 98 per cent of the feeble-minded of moron grade are not cared for in the special institutions of these six States. It was found above that for the United States as a whole only 4.5 per cent of the existing feeble-minded of all grades taken together were cared for in special institutions. The present figures indicating that this includes only 2 per cent of the morons reduce still further the part special institutions are playing in solving the problem of chief importance from the sociological standpoint. This figure is, of course, not to be taken too literally. There are several sources from which some degree of error may have resulted. One not to be left out of account is the fact that there may have been a general tendency, on the part of those who classified the inmates in the six institutions considered, to grade quite differently from the grading followed in the English report, according to which 75 per cent of all feeble-minded were of moron grade. The classification of the former may have been such as to make considerably less than 75 per cent of all existing cases, of moron grade. The valid conclusion that remains, however, is that only a very small percentage of all existing feeble-minded is in special institutions, and that the morons, although many times more numerous than either of the other grades, are admitted least frequently.

(c) Grades in the reformatories. There are two factors that prevent very low grade cases becoming reformatory inmates. The first is that cases with an intelligence below that of the middle grade imbecile are too defective to be engaged in activities that are likely to bring them into conflict with the law. The second is the courts, which cannot fail to recognize the mental deficiency that is so pronounced and obvious. Probably about the same holds true of the poor houses, so that in both these institutions we may expect only high grade cases for the most part. Among the 28 per cent of the California reformatory inmates reported as feeble-minded none were found below moron grade. Dividing these morons again into three grades, gave 14.5 per cent high grade morons, 11.3 per cent middle-grade, and 2 per cent low-grade morons. The survey of the reformatory at St. Cloud, Minnesota, gave the following:

TABLE IV.

Mental age	5	6	7	8	9	10
Number cases	1	3	6	8	32	81

This indicates 10 cases of imbecile grade, and 121 of moron grade. The present increased interest in the question of the relation between feeble-mindedness and crime has resulted in more attention being paid to diagnosis of the mental condition of reformatory inmates in many places. But the transference of those found feeble-minded to institutions for the feeble minded is hampered by two conditions. The first is that the latter institutions are liable to be filled to capacity and unable to receive these cases because of lack of room. The second is that these defective delinquents are found to constitute a class by themselves, which needs an institutional environment and treatment not found in either reformatory or institution for the feeble-minded.

(d) Grades in the public schools. The school attendance laws, where they exist and require that all children of school age attend school, are rarely enforced. This makes it possible for the public schools to eliminate the lower grade cases of feeble-mindedness without special care or training being provided for them. The general rule is that none of idiot grade ever enter the schools, a considerable number of imbeciles do, and drop out after a few years of complete failure to do the regular work. The morons enter and remain for a number of years, occasionally being pushed to the seventh and even eighth grade, though never doing more than about average fourth grade work. There is great need of more detailed knowledge of the grades of feeble-mindedness found in the public schools and their progress in such school work as is attempted with them. A few statistics available will give some indication of the grades of feeble-mindedness found. The Victorian survey, already mentioned, reported 732 school children as feeble-minded. The percentage belonging to each of the three grades was as follows:

Idiot.	Imbecile.	Moron.
2	16	82

In the Spring of 1915 the writer found 126 feeble-minded among 167 in a large school system reported by the teachers as among the poorest. Of these none were idiots, 15 per cent were imbeciles, and 85 per cent were morons, when intelligence quotients of 0 to .24 were allowed for idiots, .25 to .49 for imbeciles, and .50 to .74 for morons. The examinations in-

cluded all or nearly all the lower grade cases but not a large number of the higher grade cases. In this school system the attendance laws were quite well enforced. A complete survey would therefore have increased the relative number of morons. In the Victorian survey the relative number of morons is low because the teachers' methods of diagnosis allow the highest grades to escape more frequently than the lower.

Of 905 non-selected school children in various schools Terman reports 2.63 per cent with an intelligence quotient of .75 or below.⁹ Among these there were none below .50, and they may therefore all be classed as morons.

For 743 non-selected white children in the first to fifth grades, inclusive, of Richmond, Va., Hoke's report shows 21 feeble-minded. A study of his tables indicates that none had an intelligence quotient below .60.¹⁰

These several reports probably represent the general condition more or less closely. Recently the movement to establish special classes for retarded children in the public schools has received a special impetus in some States by legislative enactments whereby the local school system receives a certain sum of money from the State for every child so placed in a special class. A very large percentage of the enrollment in these classes is made up of feeble-minded children, though usually not so designated. This plan holds the possibilities of producing radical and extensive changes in the part played by the State in the care of the feeble-minded, as well as in its methods and results achieved. In the first place, it keeps in the public schools large numbers that would otherwise, because of non-enforcement of school attendance laws, drop out and receive no special attention. Parents prefer, for several different reasons, to have their children in such a special class to sending them away to an institution for the feeble-minded. A small number that would otherwise have been sent to the special institution during school age will remain in these special classes. Another and very important feature of this arrangement is the fact that it makes no provision for these cases after they have passed school age. From the standpoint of parents and the public schools there are urgent reasons and motives for placing feeble-minded children in these special

⁹The Stanford Revision of the Binet-Simon Scale and Some Results from Its Application to 1,000 Non-selected Children. *Journ. Educat. Psychol.*, November, 1915, P. 556.

¹⁰Placement of Children in the Elementary Grades, Dept. of Interior, Bureau of Educat. Bull. 1916, No. 3.

classes and without classifying them as feeble-minded, instead of placing them in an institution for the feeble-minded. But as they reach the reproductive age, and the age of independence from parents the public schools turn them out into society as normals. The public schools, through the assistance from the State, thus become an agency for the promotion of feeble-mindedness and most of its attendant social evils; they assist in keeping the high grade feeble-minded at large and unrecognized.

(e) Grades of those unaccounted for. In regard to the predominant grade of intelligence of those left unaccounted for we can only speculate. Aside from the few to be found in jails, and insane asylums, they are made up of two classes: those remaining at home, and dependent on parents or guardians, and who may be of all ages and grades; and those adults who for the time being at least are making an independent living. For the former class the tendency would be to send the lower grade cases to the special institution sooner or later. In agreement with this supposition, it was seen above that the institutions for the feeble-minded receive 40 per cent of the idiots, 20 per cent of the imbeciles and only 2 per cent of the morons. On the other hand, the highest grade cases tend to leave home as they grow up and seek employment. This, on the whole, leaves the middle grade at home until the home breaks up through the death of one or both parents, when these cases constitute a large percentage of the adults and older cases admitted to institutions. This leaves the highest grade adults for the latter class mentioned, those who for the time being are making an independent living. It is unquestionably by far the larger of these two classes, and must constitute at least 35 per cent of all existing feeble-minded. It is pre-eminently the class that is responsible for feeble-minded descendants, for delinquency and crime, and many other social evils. Sociologically, they constitute the all-important group, in comparison with which all the others might well be overlooked and neglected. Unfortunately it is the class about which the State has as yet not been able to do anything at all until after some evils of their existence have resulted.

2. The Influence of Age on Distribution. The feeble-minded in reformatories, poor houses, jails, insane asylums, and even those unaccounted for, as was just observed, are mostly adults. The age of inmates of institutions for the feeble-minded alone will be considered here. In this connection two

age considerations are of prime importance. First, age with reference to training capacities, and second, age with reference to delinquency and reproductive capacities. In regard to the former, it is important to have the feeble-minded committed while they are young, varying with the grade of intelligence. On the whole children should be committed by the time their mental development has reached that of kindergarten age, or slightly earlier. A middle-grade imbecile, whose ultimate mental age will be about six years, should be admitted not later than at the chronological age of eight or nine. The middle-grade moron, whose ultimate mental age will be about nine, should be admitted not later than at the age of about five or six. Special training which undoubtedly has an influence on the development of mental functions before this is possible, but on the whole, not practical under existing institution conditions.

The age of inmates of schools for the feeble-minded in the United States at the time of admission is given in the special census report for 1910. This gives the relative numbers admitted during the one year, 1910, for the age periods of 0-4 years, 5-9 years, and so on, in five year periods. The questionnaire sent out by the writer in 1915 called for the age at the time of admission of all inmates in the institutions on January 1, 1915. Among the institutions from which returns were received there were six in whose States the laws did not limit admission to any age.¹¹ The results from these two sources are given in the following table. The figures give the percentages of the total number for each age period. Thus, the 4 under 1-4 means that 4 per cent of the 3825 cases were admitted when 1-4 years old.

TABLE V.

	Total No.	1-4	5-9	10-14	15-19	20-25	26-30 ¹²	30+
U. S. 1910 re- report ..3852		4	21	28	21	8	5	13
1915 Question- naire ....7208		3	21	30	24	10	4	8
Average		3.5	21	29	22.5	9	4.5	10.5

The results in the questionnaire returns can be given for each year instead of for five-year periods only. This is done in the

¹¹These State institutions were the following: California, Illinois, Kansas, Minnesota, Pa., and Wisconsin.

¹²In this age period the years were 25-29 instead of 26-30, for the U. S. 1910 Report.

TABLE VI

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21-25	26-30	30+
California	1	2	6	15	34	31	42	46	51	47	57	53	57	66	77	63	43	55	49	37	84	53	132
Illinois			4	8	20	61	97	86	90	92	83	111	94	120	86	74	51	38	19	12	47	19	22
Kansas		1	4	9	15	18	32	30	23	37	39	54	35	44	24	14	17	14	16	7	32	22	42
Minnesota	13	4	13	32	41	45	65	82	89	74	97	79	94	75	69	64	61	47	44	45	148	67	187
Polk, Pa.	14	7	8	14	29	33	71	56	56	98	82	76	123	133	119	131	92	64	85	66	94	52	201
Wisconsin	6	2	18	16	32	23	42	40	52	58	49	42	63	66	68	69	49	74	43	43	122	63	58
Total	34	16	53	94	171	211	349	440	361	396	407	415	466	504	443	415	313	292	256	210	527	276	559

next table, which shows certain additional features of this question. The different figures for the different States also indicate some variations dependent on local conditions. In this table the figures give the number of cases for each year instead of percentages.

It is seen from the results in the first table that only 3.5 per cent of the total admissions are below five at the time of admission, 53.5 per cent are below fifteen years, and 75 per cent below twenty; 75.5 per cent are admitted after the age of ten, and 45.5 per cent after the age of fifteen. The second table shows that the frequency of admissions increases gradually up to the age of fourteen after which it declines again. Thus nearly half the cases admitted come to the institutions after the training period is really entirely passed. The great majority enter the institution some years after the most advantageous age at which special training should begin. A fourth are admitted after the beginning of the period of reproduction.

3. Influence of Sex on Distribution. There are many more males in reformatories than females in the United States largely if not entirely because more reformatories are provided for the former than for the latter. No statistics are available to indicate directly whether feeble-minded boys are more likely or less likely to remain in the public schools or in the homes than feeble-minded girls. In regard to admissions into the institutions for the feeble-minded, however, a definite sex difference is evident. The next table gives the figures on this difference. Those for the 1915 questionnaire are from seven states¹³ and give the number of inmates in these seven institutions on January 1st, 1915. Those for the U. S. 1910 report give the total number of inmates in all institutions enumerated in 1910.

TABLE VII.

	Male		Female	
	No.	Percent	No.	Percent
1915 Questionnaire..	4046	53.5	3518	46.5
U. S. 1910 Report....	11015	53.8	9716	46.2

The explanation of this preponderance of males over females in institutions for the feeble-minded is complicated by the fact that at least three factors at once suggest themselves as possible causes. (1) There are more boys in the general popu-

¹³California, Illinois, Indiana, Kansas, Minnesota, New Jersey, and Polk, Pa.

lation than girls. This difference, however, is not nearly as large as in the present table. (2) Males may have a greater tendency toward feeble-mindedness than females. According to a general theory the males of any race vary more in all traits than do the females. Applied to intelligence, this would mean more feeble-minded and more geniuses among the males. (3) There may be some sociological or psychological factor making it more likely for a feeble-minded male to be sent to an institution than for a feeble-minded female. That there is such a factor present in some degree, affecting males and females differently, is shown when the relative frequency of admissions of males and females is considered for different ages. Up to about the age of fifteen relatively more males than females are sent to the institutions. After this age more females than males are sent. The next table gives the figures for the same institutions as in the last table.

TABLE VIII.

Age	1-4	5-9	10-14	15-19	20-25	26-30	30+
1915 Quest.—							
Male	2.2	25.0	36.2	21.5	6.9	2.1	6.1
Female	2.2	19.4	29.7	22.5	10.5	4.5	11.2
U. S. 1910 Report—							
Male	3.9	24.0	32.0	20.7	6.8	4.4	10.0
Female	3.4	17.4	26.5	23.0	10.3	6.0	13.4

The figures in this table under each age period are percentages of the males or females. For example, the 2.2 under age period 1-4 under males, for the 1915 Questionnaire results means that 2.2 per cent of the males in the seven institutions were admitted when from 1-4 years old. But in the absolute numbers also the males exceed the females up to age period 20-25, and the females exceed the males in absolute numbers beginning with this age period. This sex difference, though slight, is of course in the right direction, and is in all probability due to some degree of recognition on the part of parents that the adult feeble-minded girl has greater need of the protection of an institution than has the feeble-minded boy.

4. Influence of Legislation on Distribution. Legislation, and the lack of legislation has influenced the distribution of the feeble-minded in society in many ways. In 1914 thirteen states, including the District of Columbia, had no special institution for the feeble-minded. A few of these had regular provisions to send their feeble-minded to institutions of neigh-

boring states. Many of the older and larger institutions have large waiting lists of applicants who cannot be admitted because of lack of accommodations. Fifteen states that had institutions in 1914 did not admit cases of all ages, or both sexes of all ages. Some reject cases below a certain age, others reject them above a certain age, the age limits sometimes being different for the two sexes. Twenty-four states with institutions required the consent of parent or guardian in the commitment of a case. Twenty-five states permitted parents or guardians to remove cases from institutions after they are once committed. There is a serious failure on the part of legislation to keep up with immediate needs and even popular demands. To provide accommodations in institutions for immediate applicants should surely be the minimum to be expected. If legislation went no further many troubles and difficulties arising with the feeble-minded would be removed automatically.

C. Retention of Feeble-Minded in Institutions.

In the great majority of institutions parents or guardians have the power of removing their children or charges from the institution whenever they wish to do so, at least in case of children who were not committed by the court in the first place. The questionnaire sent out by the author in 1915 asked for returns on the number of children who had left the institution, presumably permanently, during the years 1910, 1911, 1912 and 1914, and also asked that these children be classified by sex, age and grade. The returns received for states without retention laws reveal some further significant facts. During these five years 1,558 inmates left the state institutions of California, Illinois, Indiana, Minnesota, Polk, Pa., and Wisconsin. Data is not at hand to show what percentage this is of the total population of these institutions during these years, as this population increases each year, of course. These cases leaving constitute 18.5 per cent of the population of these institutions on January 1st, 1915. Evidently over 5 per cent of the inmates of these institutions have left each year.

This percentage of the inmates of an institution leaving each year, though not large, becomes more important when the grade of intelligence, age and sex of these cases are considered. The returns on the grade of intelligence for five institutions, Indiana, Illinois, Minnesota, Wisconsin and Polk, Pa., are given in the following table:

TABLE IX.

Idiots		Imbeciles		Morons	
No.	Percent	No.	Percent	No.	Percent
163	11	705	19	579	36

These figures mean that, for the idiots for instance, 163 cases of idiot grade left these institutions in five years, which is 11 per cent of the total number of idiots in these same institutions on January 1st, 1915. It shows that the higher grade cases leave much more readily than the lower grade cases, in relations not very far removed from the reverse of what we found true of the relative frequency of admission of the cases of these three grades in the first place. In Table III, we saw that the institutions admitted 40 per cent of the idiots, 20 per cent of the imbeciles and 2 per cent of morons. Again, while only 23 per cent of all inmates are morons¹⁴ about 40 per cent of those leaving are of that grade¹⁵. In other words, the higher grade cases are sent to institutions very much less readily and leave the institutions very much more readily than it true of the lower grade cases.

In regard to the relative frequency with which cases of the two sexes leave institutions the facts are more favorable. The figures in the next table are for the California, Illinois, Indiana, Minnesota, Polk, Pa., and Wisconsin state institutions, showing the total numbers and percentages leaving during the five years from 1910 to 1914.

TABLE X.

Male		Female	
No.	Percent	No.	Percent
1047	64	594	36

Since the total male population of the institutions is only a few per cent higher than the female population, these figures need only a slight correction to show the relative readiness with which males and females leave institutions. There is a markedly greater tendency for males to leave institutions, and for females to remain.

Considering next the ages at which cases leave institutions, it is found that about the same conditions hold true as for ages of admission, excepting that the age period during which cases leave most frequently is higher than the age period during which cases are admitted most frequently. For

¹⁴See Table III.

¹⁵See Table IX.

both males and females the age period of most frequent leaving is from 15-19 years, while the age period of most frequent admission was seen to be from 10-14 years. Contrary to expectation, there is evidence of a tendency for boys to leave more readily than girls up to the age period of 15-19 years, and for girls to leave more readily than boys after this age. This feature of the results is difficult to understand. The next table gives the figures in detail.

TABLE NO. XI.

Age—	0-4	5-9	10-14	15-19	20-25	26-30	30
Male—							
Number	6	101	215	421	201	45	50
Per cent .....	.6	10	21	40	20	4	6
Female—							
Number	2	40	122	201	152	37	40
Per cent .....	.4	7	21	34	26	6	7

These figures are for the same institutions as in the last table. The numbers are the total numbers leaving for each period, and the percentages of the total number leaving. For example, the .6 per cent under age period 0-4 years for males means that .6 per cent of the total number of males leaving these institutions during these five years were from 0 to 4 years old. The general facts reveal conditions far removed from the most desirable. Most valuable supplementary information would have been data showing how long the cases that leave the institutions again have remained inmates and how this is related to age, grade and sex. This data is at present not available. General observation, however, indicates that there are many cases who remain only a few years or less. Sending a child to an institution is with most parents a last resort measure. In very many instances the parents have a very erroneous idea either of the intelligence of the child sent or of the possibilities of a special training in an institution. The results do not meet their expectation and the child is taken back home after a short time. Again many children are taken home again after their training or school period is regarded to be passed, that is, as they approach maturity. These facts probably explain some of the facts shown in the last table. Many children stay in the institution only a few years, and therefore the age of most frequent leaving is a few years higher than the age of most frequent admissions. Also before the age of 15-19 boys are admitted more frequently than girls, therefore during this age

period boys leave more frequently than girls. After the age of 15-19 girls are admitted more frequently than boys, therefore during this age period girls leave more frequently than before. Possibly also there is an additional tendency to take the older girls back home rather than the older boys because it is felt by parents that in either case the boy or girl would have to be kept in the home, and the girl is regarded as more useful in the home than the boy.

D. Summary and Conclusions.

1. Assuming that .5 per cent of the general population is feeble-minded, only 4.5 per cent of existing feeble-minded in the United States were in institutions for the feeble-minded in 1910.

2. Assuming that 1 per cent of the school population is feeble-minded, 40 per cent of all existing feeble-minded were in the public and private schools in 1910.

3. About 50 per cent of existing feeble-minded are unaccounted for, are not in the schools or any institution, and must therefore be in their homes or at large.

4. About 5 per cent of existing feeble-minded are of idiot grade, 20 per cent are imbeciles and 75 per cent are morons.

5. The institutions for the feeble-minded have about 40 per cent of the idiots, 20 per cent of the imbeciles and only 2 per cent of the morons.

6. The moron grade children are chiefly in the public schools, the moron grade adults are mostly among the unaccounted for.

7. Feeble-minded children that are admitted to the special institutions are for the most part sent there a number of years after the age most favorable for the beginning of their special training. 75 per cent are admitted after the age of ten, and 45 per cent are admitted after the age of fifteen.

8. On the whole, more males are sent to special institutions than females. The male admissions exceed the females up to adolescence; after this the female admissions exceed the male. From a third to half of the female admissions is during the child bearing period.

9. 5 per cent, or over, of the inmates of special institutions leave the institutions each year and do not return.

10. The higher grades leave permanently much more readily than the lower grades. Roughly put, the percentage of the imbecile population that leaves each year is twice as large as the percentage of the idiot population that leaves; and the

percentage of the moron population that leaves is twice as large as the percentage of the imbecile population that leaves.

11. Males leave less readily than females, constituting nearly two-thirds of the total numbers of males and females.

12. About three-fourths of those leaving do so after the age of 15. The chief factor determining the age of leaving is probably the age of admission combined with the fact that many of those leaving do so only a few years or less after admission.

The general facts indicated in this study suggest the following conclusions:

1. The institutions for the feeble-minded are taking care of and providing for but so small a percentage of the total existing number of feeble-minded that they will not for a long time to come furnish a means of meeting the needs that have arisen, unless most radical changes are brought about.

2. The most urgent needs at present are those for the moron grade of feeble-minded. This is for the following reasons: (a) They are many times more numerous than the other grades. (b) They are the most difficult to recognize and diagnose. (c) The special institutions get but very few of them, and retain them least. (d) They benefit most by special training. (e) Delinquency and crime, so far as it is conditioned by feeble-mindedness, is practically limited to this grade. (f) The morons of any one generation are responsible for probably 75 per cent of the feeble-minded in the next generation, while but a very small percentage comes from the imbecile grade, and none from the idiot grade.

3. To meet the needs arising from the existence of morons the following would be important:

(a) As complete a census of the feeble-minded as possible. This census should consist of the names and addresses of the cases existing. To know simply that there are so many thousand feeble-minded in a state is of little value unless it is known also who and where the cases are so that they may be approached directly. State aids for special classes, limited to morons, in the public schools could in time be made a method of getting this census practically complete, if carried out in the right way. It would imply enforcement of school attendance laws, adequate means for careful examination of public school children, and provision for all found to be feeble-minded.

(b) A campaign of education of parents and guardians

of feeble-minded children, assuming that a compulsory commitment law for feeble-minded could not be rigidly enforced and kept on the Statute Books. General agitation of the subject and education of the general public on the needs of the feeble-minded is in itself inadequate, because but little of it reaches the parents of the feeble-minded, for they are in the majority of cases themselves feeble-minded. This campaign might be carried out through social workers who would visit the homes of the feeble-minded, instructing the parents as to the capacities and limitations of their children, and how to proceed in regard to obtaining for them the best special care and training possible.

(c) The institutions for the feeble-minded should be made more attractive and useful to morons, so as to give parents more of an inducement to send such children to institutions. Institutions are at present organized mostly to meet the needs of the lower grades, and in a much less degree to meet the needs of morons. This is because they have been able so far only to meet the demands of providing for the cases parents sent there, and parents sent the lower grade cases, only. A more aggressive program for all special institutions is desirable. The institution could be made more attractive for morons if some were established exclusively for the morons. Both parents and morons often object to the association with the lower grades. Such institutions should be more adequately equipped with means of giving thorough training in a great variety of industrial activities and should furnish the means of continuing in these activities after the training is given. Institutions should pay such trained inmates for their work. Paying inmates for work done, even though the sum is very small, goes a very long way towards entirely changing the parents' and the children's attitude toward institution life, and would in itself result in many more of the higher grades being sent there.

(d) Other methods, besides institutional commitment, of providing for the higher grades of feeble-minded, already in practice should be developed, and more devised and tried out.

THE NEW COLONY PLAN FOR THE FEEBLE-MINDED

BY JOSEPH T. MASTIN, Secretary State Board of Charities and Corrections, Richmond, Va.

The introduction of the Binet Tests into this country by Dr. H. H. Goddard of Vineland, N. J., marks the beginning of a saner era in the study of mental deficiency. Up to that time, we really knew nothing of either high-grade imbeciles or morons, and the motives that actuated us in our treatment of the feeble-minded in general were largely emotional. Indeed it can hardly be said that as a people we gave them any serious thought at all. We were impatient with them mainly, it must be confessed, because they persisted in living and we did not care to think of them. If we had any opinions about them at all they were usually ready made formulae which we had picked up here or there, rather than convictions resulting from our own active attention and deliberation. Consequently, when one of these unfortunates broke the law, we brought him into court, convicted him and sent him to prison or to death with unseemly haste. We rarely stopped to look at him, and often there was no little vengeance in the proceedings. If he happened to be a pauper we hurried him into the almshouse where after grudgingly providing for his keep at the lowest possible cost, we took our final leave of him with the hope that the remaining days of his sojourning on earth might be few and short. If he happened to be harmless, but not dependent, we gave him our pity, thanked God that he had no direct claim upon us and then got him out of sight and mind as soon as possible.

Too often, even now, we urge provision for the feeble-minded merely because of their pitiable condition, or upon the plea that they are a burden to their families or dangerous to the community.

If we should cast aside precedent and the influence of ancient formulae that never had any foundation in fact, and stand in the light that has been focused upon the mentally incapable by recent investigations, we would realize that these unfortunates, all of whom are simply grown-up children, as they

¹Read at the meeting of the American Association for the Study of the Feeble-Minded, Indianapolis, May, 1916.

pass through this world have the right of appeal, not merely to the pity, but to the judgment and conscience of their stronger brothers. We cannot deny this right on any scientific ground any more than we can deny it on religious grounds. Whatever we may think of the law of the survival of the fittest, as related to the lower forms of life, when we come to man we are bound to admit in the light of modern scientific experiments with the feeble-minded, that it is not merely good religion, but good science, to say that the strong must bear the infirmities of the weak.

It is upon the great truth, therefore, that mental defectives have certain inalienable rights and are not merely helpless calls upon our pity, that we base our plea for the extension of the New Colony Plan for the Feeble-minded.

We Americans are very jealous of what we believe to be our individual rights. Our forefathers came to this country in order that they might enjoy unmolested certain privileges in the exercise of which they had been restricted by their rulers across the sea. And from that day to this, the world's greatest battles for individual liberty have been fought on our American soil. We have abolished slavery; we have been slowly, but steadily, awakening to the rights of women and children; of capital and labor; of criminals and paupers, and now at last some of us are beginning to realize that it is our duty to consider very earnestly the rights of our mental defectives. I wish this could be said of our people as a whole, but many who have risen to great heights in the direction of other high American ideals have yet to take notice of this new path. Many who are today boasting that our nation is the champion of the rights of weaker nations and declaring themselves ready to do battle in their behalf, have strangely overlooked the fact that there are many thousands of their own weak minded brothers and sisters here at home whose cause they have never thought to champion. Surely, here is something in the line of vital American rights which no true American can afford to ignore.

No one will deny that all men have an inherent right to life and to liberty. These rights lie at the roots of our civilization. Allied to these and growing out of them are the rights of property, contract, education, freedom of conscience, and whatever else may be necessary to secure to every man a square deal among his fellow men. God alone has a perfect knowledge of man and his environment. He understands our

thoughts afar off and compasses the path of our lives. He alone has the right to take life; our part, the part of the community and the State, is to prolong it.

So deeply rooted in our civilization is the sacredness of human life that when in Chicago last November a hopelessly defective baby was allowed to die when an operation **MIGHT** have prolonged its life, a nation-wide storm of protest arose. Although the verdict of the Medical Fraternity in general was that the physician in the case had acted according to medical ethics in refusing to perform an operation which his conscience did not sanction, yet the coroner's jury, composed of six physicians, concluded their written report with the declaration that the physician's highest duty is to relieve suffering and to save life. Here was a spontaneous outburst of the deep rooted conviction that every human being, however defective or feeble it may be, has an inalienable right to life.

Rights and duties are correlative: to every right there is attached a corresponding duty. The possession of life carries with it the duty to improve, protect and make useful the lives of others as well as our own. Therefore, we who possess a more abundant life are under obligations to preserve and develop the life of the weaker members of society. That we do not yet fully realize this obligation is shown by the fact of the 300,000 mental defectives in the United States, only 20,000 are adequately provided for and by the further fact that by means of capital punishments, a large number of these people are still being murdered every year.

A study of homicides in the United States has shown that fully eighty per cent result from trivial causes. For instance, in twenty cases of murder resulting from disputes over money, the total amount involved was less than three dollars. This means that twenty persons were deprived of existence to secure an average of less than fifteen cents a life. We can hardly conceive of normal persons acting so irrationally, and we are not surprised, therefore, when we are told that a very large proportion of those who commit capital offenses are feeble-minded.

For the last ten years, the average number of homicides in the United States has been 6,500 a year, and at least fifty per cent of the victims were slain by mental defectives.

The almshouse population of this country is about 100,000. Of this number fully 10,000 are feeble-minded women of child-bearing age. These women give birth to approximately two

feeble-minded children each, thus multiplying themselves by two as their contribution to the burden of pauperism in the coming generation. Here are two of the ways in which our mental defectives retaliate for our unscientific and unjust treatment of them.

Our Bill of Rights guarantees to every man life, liberty and the pursuit of happiness. In ancient times, the oriental peoples declared "one only is free," namely the ruler. The Greeks went further and insisted upon the freedom of their own citizens, but held that all other people were naturally fitted for slavery. Modern civilization, under the influence of Christianity, has come to see that all men should be free and to demand that all shall be free. The problem is to secure for and to the individual the greatest amount of freedom and happiness consistent with the general good of the community. The necessity of the largest freedom in order to obtain the highest civilization is based on the fact that the moral idea is to be realized by the individual will and conscience. Hence, the individual, in order to work out his destiny, must be free in the exercise of his powers. This, of course, does not imply liberty in an absolute sense, for liberty unbridled runs headlong into license and utterly destroys itself. But it does imply that one shall be free to develop one's own life, provided such freedom is consistent with the maintenance of the social order. For instance, a man has the right, if he can afford it, to own an automobile and to drive his machine on the public highway, but if in exercising that right he shows that he has not sufficient control of himself to control his machine, the law will compel him to desist lest he injure his neighbor. Again, a man has the right to marry and bring up a family, but if he cannot exercise this right without injuring society, without danger of bringing diseased or feeble-minded children into the world, who will in turn curse coming generations, he should not be allowed to marry at all. No man has a right to do anything for his good at the expense of the general good.

Mental defectives lack foresight and will power. They cannot plan wisely; they cannot overcome ordinary temptations. And they reproduce their kind. Therefore, they must not be accorded the liberty that is enjoyed by a normal person. For just as the welfare of the social group makes it necessary to restrict the rights of normal individuals, so the common good demands that guidance be substituted for freedom in the case of those who are not normal. The right of the defective,

then, is not the right to live as he pleases, but the right to live the fullest life possible under proper guidance. But the right is just as sacred as our own and we must see that he has it; to deny it is a social crime as well as a violation of the commandment. "Thou shalt love thy neighbor as thyself."

It is a serious reflection, therefore, upon the wisdom and justice of a community to allow its feeble-minded children to live in ignorance or filth or immorality or to be treated with cruelty; and it is the height of unwisdom and a travesty upon justice for the State to commit such children to almshouses or to prisons where they will grow up in idleness and associate with evil doers, and from which they are likely to emerge either as paupers or criminals who will not only be a menace to society themselves but will bring into the world other mental defectives, thus making it possible for pauperism and crime to keep pace with the growth of the population.

If degeneracy and delinquency, twin curses sent upon society as punishment for its neglect of its weaker members, are ever to be wiped out, certainly we shall have to see to it that our mental defectives are accorded their rights. As I have said, no one will deny the feeble-minded the right to live. Guidance into happiness and usefulness implies education. Therefore, while mental defectives are clearly not entitled to the rights of normal persons, it is indisputable that society is under obligations to give them such training as may be suited to their needs and capacities. In the discharge of this obligation, certain fundamental facts should be emphasized.

1. These victims of arrested development are not suited to normal life. They stand still mentally while their normal associates grow away from them. They are consequently out of place in the family and in the world. Moreover, it is socially ruinous to allow them to reproduce their kind. Therefore, they are happier and safer in an institution where they may associate with their equals and where, placed in congenial groups of the same sex, they cannot multiply themselves to the peril of society in the coming generations.

2. The methods in use for the training of normal children are not effective when applied to feeble-minded. These defectives are not mentally equipped to overcome difficulties. They shrink from obstacles; if driven, they become bewildered and hopeless. They should be kept happy and drawn forward by persuasion. The only education worth while for them is

manual training and this should be given by teachers who have been especially equipped for their work. Such instruction should, of course, be given in schools designed exclusively for the feeble-minded, where the disposition, ability and aptitude of every pupil can be studied and each child trained for the work best calculated to make him a contented and useful inmate of an institution.

3. In providing for them, we should remember that their ancestors, like our own, lived for generations in the country, and that, like ourselves, they have a yearning for the open spaces. Often as we sit in our offices on the crowded street, there comes to us the call of the wild, the call that sent our savage ancestors to the forests and rivers in search of game thousands of years ago. We know that the ice is melting and the sap is rising; we hear the music of the south winds in the pines and the song of the plow boy in the field. How we long to go! But business demands our attention, higher motives restrain us, and with a sigh we swallow our yearnings and turn to give ourselves to the work that must be done. This call comes to the feeble-minded just as it does to us. For lack of foresight and power to resist, they are likely to forsake the task before them, leave their homes, roam the woods and fields and eventually, if unrestrained, they may become tramps. Under wise guidance this innate craving for the open can be employed to develop a love and capacity for work in the country, which will result in usefulness and contentment.

4. In common with ourselves, the feeble-minded have acquisitiveness, a desire to own something secured by individual effort and sometimes a desire more or less vague to create values and perhaps to add to the wealth of the family or community. They do not analyze; their motives and their actions under the influence of an incentive of this kind are controlled by impulse which dominates them regardless of consequences; hence, many of them may become thieves. Under right guidance, this desire for gain might be led into its proper channels and become an incentive to honest labor and thus many of these grown-up children might become happy in the possession of the rightful reward of their toil.

5. As a rule, mental defectives are descended from the poorer classes, and for generations their people have lived in homes having few conveniences. To expect them to be contented in a great city institution with its up-to-date furnishings and equipment, and its strict routine, is unreasonable.

They find little comfort in steam heat and polished floors; and the glare of our electric light too often adds to their restlessness. It is useless to hope that they will ever be happy as it is possible for them to be, if we do not gratify their love for open spaces or provide for them the opportunity to live the simple out-of-door life under circumstances which will enable them not only to keep busy but to enjoy the fruits of their labor.

6. Physical labor is necessary for both high and low grades; when the minds and bodies are kept busy they are likely to be contented. Exercise gives them a good appetite, furnishes a sufficient outlet for their energies to keep them from making trouble, and helps them to sleep well at night. It is a well known fact that in institutions for the feeble-minded there is comparatively little difficulty in managing the inmates as long as they are kept at work, especially out-of-doors. The trouble comes on rainy days and Sundays.

7. Simple farm work is best adapted to the feeble-minded. To clear waste land, to grub stumps, to pile brush for the bon fire at night, to move dirt in a wheel barrow one can call one's own, to cut and pile wood for the winter, to help cultivate and gather crops, to feed stock, to aid in simple building construction, all with the consciousness that one has part ownership in the farm and stock, and that by one's labor one is helping to make a home for oneself and companions. This is the kind of work mental defectives can do best and from which they can get the greatest amount of contentment. And, of course, there is nothing healthier.

Recognizing these facts, the new colony plan contemplates:

1. The education of feeble-minded children in institutions where the ability and inclination of each child can be studied and where suitable vocational training can be given and when the school work is finished,

2. the transfer of those who are sufficiently developed by such means to colony farms composed of cheap land on which simple buildings can be erected at small cost and where by their own labor they can make a home, help earn their own living and add something to the wealth of the State.

The New Colony Plan is being worked out by the Massachusetts School for the Feeble-minded, the School for Feeble-minded Boys and Girls at Vineland, N. J., and the New York Custodial Asylum at Rome.

Successful Experiments in the New Colony Plan.

Templeton. The Templeton Colony was established in 1899 by the trustees of the Massachusetts School for the Feeble-minded "as an outlet by which the trained capacities of chronic adult imbeciles could be judiciously exercised." It consists of 1920 acres, made up of seven abandoned farms which had been neglected and allowed to grow up in bushes and vines. It cost about ten dollars per acre. There is some timber and a good deal of building stone. In the beginning fifty feeble-minded men were transferred from the parent institution. They dug wells for a water supply, dug the cellars, put in a sewerage system and in other ways helped to fit the colony for permanent occupancy. The farm houses were turned into dormitories and frame living rooms were added. The houses were heated with wood stoves, the wood being cut from the place by the inmates. The cost of buildings and furniture amounted to a little less than \$200.00 per capita. It should be added that the doctor's bill for the first year was seventy five cents.

The energy of the inmates has since been devoted to clearing the land, cultivating crops and looking after the stock. By 1912, they had redeemed over two hundred acres of rough woodland. This land was covered with stones, some of which weighed tons. The work of clearing has been done with the simplest implement, like the grubbing hoe and the crowbar. In 1912, they gathered 1,300 barrels of apples, 6,700 bushels of potatoes and 620 tons of ensilage, besides great quantities of vegetables and milk for the table. In his last report, the superintendent says: "The work of the boys has practically transformed this absolutely worthless land into fine arable virgin soil ready for cultivation. There is no comparison in the comfort, content and health between the boys at the colony and the best housed patients at the institution."

There are now about three hundred boys at the colony.

Menantico. In the summer of 1913, the Directors of the Vineland Training School established their first colony, located four miles from the parent institution on a piece of land covered with scrub oak and pine. The tract comprises 530 acres and cost \$10.00 an acre. When this land can be planted in potatoes it will be worth \$100.00 an acre. If prepared and planted in peach trees, it can be made worth \$300.00 per acre.

The first buildings erected were one-story portable frame houses—one for dining room and kitchen, one for dormitory purposes with rooms for attendants, and another for employees

and administration. A barn and stable was also built. As soon as these buildings were erected a group of boys was transferred to the colony and set to work making concrete blocks for other buildings under the direction of a workman. A bath-house was constructed, then a workshop and pumphouse, and before the winter was over another dormitory was finished, so that early in the spring there were accommodations for forty-five boys.

When the building was going on, a water tank, fifty feet high, was erected, water lines for supply and fire protection were run and a sewerage system provided, twenty or thirty hog houses, a feed house and a wagon shed were built. Much of the land has been cleared by the boys and is now in cultivation.

Burlington. This colony is the outgrowth of a study of families by Miss Elizabeth Kite under the direction of Mr. Jos. P. Byers, who was at that time Commissioner of Charities of the State of New Jersey. Miss Kite, starting with one child, a pupil in the Training School at Vineland, found much feeble-mindedness and other forms of degeneracy in this and other families located in the pine district of Burlington County. The hope to give them all institutional care seemed impossible, so the colony was established in the midst of the district and made a sort of social center, from which practical instruction is wisely given. It was established in 1914 and in addition to its work as a center of information for the community, it is intended to show that by co-operation of the citizens of a county with the various departments of government a colony may be developed on State land at no cost to the Commonwealth, the idea being that the inmates can be made useful to these departments by being employed in running fire lines, fighting forest fires, and furnishing a place for agricultural experiment work, while the colony itself would encourage vocational education in the community and thus reduce the cost to the State for maintenance of its defective wards, with the hope that ultimately the colony may become self-supporting.

The colony is located on 87 acres of forest land owned by the State. The buildings and equipment were paid for by voluntary contributions. It is for feeble-minded men who have had training at the Vineland Training School, is under the supervision of Prof. E. R. Johnstone, superintendent of that institution, and is conducted on the same general lines as Menantico Colony.

Colonies of the New York State Custodial Asylum. The

New York State Custodial Asylum for the feeble-minded at Rome, N. Y., under the superintendency of Dr. Charles Bernstein, owns five colony farms. The first was opened with twenty trained feeble-minded men, a farmer-superintendent and his wife, on a farm of 180 acres, which cost \$10,000.00. The others cost from five to ten thousand dollars each, and on these farms last year \$90,000.00 worth of products at a cost of \$46,000.00, which is 25 per cent of the total cost of maintenance for the entire population of 1,570 inmates and 230 employees at the parent institution and the colonies.

The superintendent states that it costs at least five hundred dollars per inmate to build large brick or stone buildings like those generally in use in institutions under the old plan. (Many in the parent institutions cost from eight hundred to a thousand dollars per capita), while five hundred dollars per head will provide farms with good buildings and equipment for a farmer and his wife besides the inmates.

Moreover, on the farm the inmates can earn their living. It should also be noticed in passing that in these colonies with the large farms and inexpensive buildings, where the work of the inmates is remunerative, a large number of patients may be provided for at small expense, whereas, maintenance at the large institutions, under the old plan, is exceedingly expensive.

In the colonies we have named, hundreds of defective men whose physical ages range from fifteen to fifty, but whose mentality is that of children from four to ten, may be seen working cheerfully and successfully at the laborious task of transforming waste land covered with brush and stumps and great boulders into fertile farms. It is a sight which gives one new hope for waste humanity; for what has been done so successfully here can be done all over the country. In every State there may be found wood land that has been cut over and over for timber until it has become what is known as waste land, or farms that have been abandoned and allowed to grow up in bushes and briars until they have become worthless, or great stretches of undrained swamp land, acres upon acres of sandy and hill country, not arable and practically useless. To clear such land and make it productive is heart-breaking and unprofitable work for normal persons, but it will have to be done before the whole country shall blossom as the rose. For this work, the feeble-minded, who have heretofore been unproductive and who have been called waste humanity, seem to be par-

ticularly fitted, and it appears to be an agreeable, if not a joyful occupation to them.

When all feeble-minded men have been gathered into colonies like those I have mentioned, when the women have been brought to the country and placed on farms where they can help earn their living by engaging in floriculture, horticulture, fruit culture, poultry raising, dairying and the like; when our great congregate institutions for the insane have been torn down and our mentally diseased people have been brought into the sunlight, pure air and the quiet of the country where they can be given congenial and profitable employment, as is now being done at Gardiner, Massachusetts; when our jails and great penitentiaries shall have become useless because those convicted of crime have been put to work on farms where they earn their own living, as is the case at the District of Columbia Prison Farm, at Occoquan, Virginia, and in the State of Indiana; when our almshouses shall be real homes for the indigent and institutions for the scientific study of the causes and cure of pauperism; when the State shall demand that those in charge of her degenerate and helpless people shall see that they live happy and useful lives and that procreation by them is rendered impossible: then we can look forward with confidence to the coming of an era when feeble-mindedness will become extinct, mental disease will vanish and crime and pauperism will be reduced to a minimum. Then, and not until then, shall we get a clearer vision of the new heaven and the new earth wherein dwelleth **righteousness**.

A STATE PLAN FOR THE CARE OF THE FEEBLE-MINDED¹

BY JOSEPH P. BYERS, Executive Secretary, Committee on Provision
for the Feeble-Minded, Philadelphia, Pa.

A plan that involves the adoption or enlargement of a State Policy affecting the lives, liberty and happiness of any part of our citizenship, ought to have back of it, first of all a recognized need. We have no right to ask public approval to any such policy that is founded on guess work or mere theory. We require, therefore, in the formulation of a plan for the care of the feeble-minded, a ground work of proved and accepted facts.

Assuming that our facts clearly indicate a need wholly neglected or only partially met, our plan must, in the second place provide a reasonable method for its development and operation. This reasonable method must be at once practical, humane and economic if we expect it to receive public approval.

The third step will be that of making the plan effective by an intelligible and persistent presentation of the need, the facts and the method, to the people of the State.

The first question for us to answer is, therefore, "Why do we need a state plan for the care of the feeble-minded?" How shall an intelligent public know that this question of the feeble-minded is a social menace of such large aspect as to justify, if it does not demand the adoption of a plan for its control? Our intelligent public will rightfully require from us something more than a dogmatic assertion or a mere expression of our belief that feeble-mindedness is a present and growing menace to our national life. It should and it will demand from us a statement of the whole problem and reasonable proof of the correctness of the solution we have to offer.

Are we prepared now to furnish facts in regard to feeble-mindedness and the feeble-minded? Are they conclusive enough to justify immediate action or must we wait until scientific research, of which there is urgent need, shall have told us all the "whys and wherefores" of mental defectiveness. Must we know why it rains before we raise our umbrellas? Is our pro-

¹Read at the 43rd annual meeting of National Conference of Charities and Correction, at Indianapolis, Ind., May 6, 1916.

posed solution of the problem, based on present knowledge, worthy of acceptance? All of these questions, you, the intelligent public, must answer.

Several years ago a New York oculist told me the following incident that had occurred in his office the preceding day: "You know," he began, "that I have been doing considerable work in examining the eyes of some of the public school children. Yesterday the principal of X—— School sent to me a little boy, six years old. He was brought by his teacher. She told me the child had just entered school, that his eyes seemed to be very defective, and that, so far as she could learn, he had never had any treatment for them. The boy came from a poor home. When the teacher had told me what she knew about him and his home, I examined him. He had apparently good eyes, yet he was only able to distinguish day from night. He could not see objects. I found that his eyes lacked the power to focus. He had been born without lenses. He was blind. I adjusted the frame to his head, selected a pair of lenses, and dropped them into place. There was an instant transformation in the child's face—a wonderful illumination—and he fairly shouted 'Oh, I see flowers!' Sure enough he did, for the glass lenses, doing for him what nature had denied, had caught up the rays from some American Beauty roses there on my table, focused them, and shot the image of the roses along the optic nerves to his brain. And so his first sight showed him the beauty of the flowers. It was like working a miracle! All the boy needed to give him clear vision was the focusing power of the lenses."

There is a striking analogy between the blind boy and our problem of the feeble-minded. The discovery and adaptation of methods for measuring intelligence, supplemented by heredity research and investigation of personal and family histories are the new lenses through which, during the past eight or ten years, we have been getting greater light on the feeble-minded. We begin to see clearly some things of which we were before but dimly conscious. We know now, as we never knew before, that feeble-mindedness enters into and complicates every one of our great social problems, and we are beginning to know that the first step in their solution, must be the identification and elimination of this feeble-minded element.

Let me here speak a word of warning. We must remember that the garment of immunity with which we cover the feeble-minded is not a magic cloak under which all criminals, paupers and other social misfits may hide.

What more do we know? We know that at least three in a thousand of our population are feeble-minded and that on this basis, there are 275,000 of these people in the United States. Some conservative authorities say four in a thousand, but we can afford to be even more conservative than they, since three in a thousand, taken in connection with other known facts, is both impressive and satisfying.

We know that on April 1st, 1916, the number in the United States, actually under public care in institutions for the feeble-minded was 28,738 or just about ten per cent of our very conservative estimate of the whole number.

We know that sixteen states have failed to establish such institutions and that in each of the other thirty-two the provision made is woefully inadequate.

We know that in the state having the greatest number of feeble-minded under public care in proportion to the general population, Massachusetts, the ratio is but one to 1,245 on the basis of the 1910 Census. So that here, in the leading state, three out of every four feeble-minded persons are not under proper care. In Minnesota, the second state, the ratio is one to 1,319 and Iowa comes third with one to 1,511. The remaining twenty-nine states show a steadily decreasing ratio until we reach Colorado with one to 9,864, Vermont one to 11,482, and North Carolina one to 15,647.

We know that in every state feeble-minded persons are in hospitals for the insane where they do not belong; that many more are improperly classified with, and treated as criminals and delinquents; that many more are in almshouses where, in a majority of cases, they are not and cannot be adequately protected; that many more are in institutions for children from which they must of necessity be discharged presently; that a greater number, greater than all the foregoing, are at large in their communities, free to perpetuate their kind.

We know that feeble-mindedness is inherited and that to this fact is due at least two-thirds of our present feeble-minded population.

We know that the feeble-minded mother is more prolific in the bearing of children than the normal mother.

We know that the feeble-minded lack in judgment and resistance to evil influences, and that they are therefore unable to adjust themselves to normal life in the community.

We know that the social evil is fed from the ranks of feeble-minded women.

We know that public and private organizations dealing

with pauperism, vagrancy, inebriety, family desertion and illegitimacy find this same element of feeble-mindedness entering into and complicating their work.

We know that in all our schools there are children we call backward or retarded. That while much of this lagging behind is undoubtedly due to remediable causes, just as certainly a considerable part of it is due to a mental defect that is irreparable. We do not know how large this per cent is but we do know that it is large enough to affect, and that it is affecting our whole system of education.

These are some of the things we know! Are they not sufficient to suggest the necessity for present action? Must we wait until our scientific men have agreed upon a method or series of tests for border-line cases before we begin to provide for those concerning whose condition and need there is no doubt?

There is ample evidence that we are unwilling to wait! Nearly every state in the Union is beginning to see as they have long felt the burden and menace of the feeble-minded, and they are asking the questions, What shall we do? How shall we do it? Where shall we begin? The answers to these questions in the light of our knowledge and experience are not difficult.

First: Prevent feeble-mindedness by cutting off the recognized source of two-thirds of it. This source is the feeble-minded parent. Therefore prevent parenthood as far as they are concerned. The only sure method we are now prepared to accept is permanent segregation in suitable institutions under state control. **Provide the institutions.**

Second: Begin with the known cases. There are enough of these to keep us busy while our men of science are devising and perfecting methods for the identification of high grade cases and pushing their research work.

Third: Provide for medical and mental examination of all school children, by competent persons. Adjust the work of the schools so that every child shall have the benefit of an education adjusted to his mental and physical capacity to acquire and that shall fit him for the position in life he is destined to occupy. This will require the establishment of special classes and special schools. These special classes and schools must not become mere receptacles for defective children but rather clearing houses from which the backward and retarded child shall be presently returned to the regular classes and the men-

tally defective child transferred, at or before the period of adolescence to the permanent custody of the state.

Fourth: Establish mental clinics for the examination of all persons brought before the courts charged with crime or delinquency. Extend the work of these clinics to include all persons dependent upon public relief or upon organized charity.

Fifth: Enact a commitment law that shall provide for the safe and permanent custody or supervision by the State of all persons who after competent examination and by reason of mental defect are found to be or about to become a mental, moral or physical menace to themselves or others.

Sixth: Provide properly equipped institutions for all of these people in which care suited to their needs and training adjusted to their capacity to receive shall be provided. A large proportion of them can be usefully employed if intelligently directed. They can be economically housed if we discard the up-to-now prevailing and mistaken notion of elaborate buildings and equipment. They can be protected and at the same time made happy and contented and useful. The proof of these statements is found in their accomplishment in many states. In connection with this institution or training school, colonies should be established. Here, under direction, outdoor employment can be given to the larger and older inmates. In several states these colonies have been located on state forestry lands and the colonists have been used in tree planting, clearing, cutting fire lines, fighting forest fires, draining and doing practically all of the common labor that falls to the lot of the dweller of the forest and the farm. The advantage of the forest reserve is that it is usually big enough and that it entails no expense for the purchase of a site.

Colonies for men have been carried beyond the experimental stage. There is no reason why colonies for feeble-minded women, carefully located to afford the inmates the greatest measure of protection should not be equally successful. The state that spends more than \$300.00 per bed for the buildings and equipment of a colony of from one to three hundred inmates, spends too much.

Now how shall we go about getting a plan for state care adopted and made effective? First by getting the home facts. The people and Legislature of Indiana are not greatly concerned or moved by feeble-minded facts from Vermont or California or Kentucky. We need, therefore, to know how the matter stands with our own state and community. The records of every almshouse, jail, children's home, charity organi-

zation society, overseer of the poor, workhouse, Florence Crittenton Mission, reformatory and court will give some of them; your own neighborhood or circle of acquaintances will probably give you some of them; your waiting lists for institutional care will yield a rich harvest. One well developed case showing the cost of the state's neglect of the feeble-minded girl and her nameless child, or the neglected and defective children of a feeble-minded mother, or the home racked and torn and wrecked by the effort to safeguard a feeble-minded child from the dangers of the street, the jeers and ridicule of thoughtless children or the gossip of the neighbors—any of these, one of them, is enough to start a campaign in your town or county or state for adequate provision for the feeble-minded. Only, it will be necessary for somebody to begin to really care to have it done and to care enough to talk about it and work for it. You may know of a case that your representative in the Legislature never heard of; tell him about it, get someone else to tell him about it or another one. Let him begin to feel that the state has neglected a duty to people of his district and that the only relief is through state legislation. Suppose this happened to every member of the next legislature in your state!

What can be done? Do as they have done in Arkansas, Utah, Florida and Kentucky in the past twelve months. Have the Legislature direct the governor to appoint a state commission on the feeble-minded. Or, as they have done in the past six months in Indiana, California and South Carolina, secure the appointment of an unofficial commission, or as they are doing in New York, Massachusetts, Delaware, Milwaukee, Oshkosh, Rochester and other states and cities, organize a group of men and women who will be willing to act as a center of disturbance for a campaign for the feeble-minded. Then get all the facts you can and send them to the commission or group. Don't forget to use the greatest agency we have in this country for such work, the Women's Clubs. They want to help. They are helping.

A little more than a year ago a small group of men who had long been interested in the subject of feeble-mindedness discussed the need for a national organization which should devote itself to stimulation of public interest in the subject, to securing adequate provision for the feeble-minded, with the ultimate purpose of the eradication of feeble-mindedness from the American people. The first question they asked themselves was "Do we know enough? Have we established enough

facts with regard to these people, to warrant the initiation of such a movement?" The answer was "We know too much to delay longer." The next question was "Will not the cost of adequate provision prove prohibitive?" and the answer was, "Care costs less than neglect." Out of that meeting came the National Committee on Provision for the Feeble-Minded. The first step taken by the Committee was to secure for its Field Secretary, the services of the best equipped man in the United States, Alexander Johnson. Since last June, the resources of the Committee have been taxed to meet the calls coming from nearly every section of the country for help. Those calls are for the services of the Field Secretary, for literature, for field work, for suggestions and advice as to how and what to do in order to reach the public and legislative bodies effectively. The Committee realizes the magnitude of the work ahead of it. It will not turn a deaf ear to any call for help that may come and that its resources will enable it to meet.

THE DANGER OF CLASSIFYING AS MERELY BACKWARD CHILDREN WHO ARE FEEBLE-MINDED¹

BY GEORGE S. BLISS, M. D., Superintendent Indiana School for Feeble-Minded Youth.

For a great many years our social workers, especially those of a strong religious tendency have encountered an immense amount of trouble with a class of people who do not seem to them to be much below normal mentally, but who come back on their hands again, and again, and again, because of a repetition of the same kind of social and moral offense. Practically all this class of people belong to the so-called moron type of mental defect. They are so bright apparently to the casual observer and to the untrained social worker that they are seldom classed as defectives but treated in all respects as normal or at least responsible individuals.

The mistake of doing this is apparent at once to one who knows the feeble-minded, and to most of the trained social workers. In the first place you are dealing with an individual with the mind of a child from eight to twelve years. An individual incapable of mental growth beyond this point, no matter what you do for him in an educational line. This individual, in fact, has even less of responsibility than a normal child of an age similar to the mental age of this person. His moral sense apparently does not exist, yet he may have the physical appearance of a well developed individual, may even be what is called handsome in person and face. Those not informed will hardly ever believe the kind of immoral acts, and the sort of anti-social conduct that is possible with such an individual. His absolute untruthfulness rivals that of the opium eater; his respect for property exists only as long as he is under observation; his absolute inability to control himself is only equalled or surpassed by those more defective mentally than he is. Individuals of this class are always egotistical and vain, loving fine clothes yet never careful of them, often cruel not only to other children, and small animals but to their own father and mother, brothers and sisters. They are always ready with an excuse for their wrong doing, often with a most plausible one. Some one else, usually those nearest to them at

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the time, are blamed by the moron for his bad conduct. In an experience with more than 1,000 of this particular grade of the feeble-minded, I have never heard one of them blame himself for what he had done. The almost unbelievable debauchery and vice that some of these people are capable of, renders them most dangerous members of any community in which they are permitted to grow up, live, and reproduce their kind.

It is extremely important that the true defective be recognized as a defective just as early in life as it is possible to do so; at any rate these cases may and should be recognized before puberty, in order that their mental, moral, and physical limitations may be understood early in life and the right kind of effort, in the right direction, applied toward their development. To illustrate: These people are often musical to a considerable degree and cases have been known where well meaning people with a genuine interest in some boy or girl have endeavored to make a musical virtuoso of him, sometimes spending large sums of money in the attempt. The uselessness of the effort is at once apparent, if we consider that these people are absolutely lacking in perseverance and judgment, moral sense and real feeling, things that are as important to appreciation of and expression in music, as is a correct ear for pitch and rhythm. The same things act to block the success of the moron in any field of endeavor that requires judgment, perseverance, moral stability, self-sacrifice, or continued effort in any one direction.

There is a danger in leaving these children in the Public Schools unrecognized that should appeal to every father and mother as well as to every good citizen. Just as a chain is not stronger than its weakest link so a class in school can progress no faster than its slowest members. Now if one or two of those members be feeble-minded with the limitations to which reference has already been made, the progress of the whole class must be less than if those children were not there. And that is not the whole story by any means; these children with weak wills, high tempers, and faulty morals are hard to control in a class with other children, are often disobedient and unruly, making the discipline of the class faulty, and the strain on the teacher needlessly heavy. These children are often the butt of ridicule of the class, laughed at and teased by the other children, who like to see them "get mad." They are frequently precocious sexually, and may, and often do, come from the worst environment at home. Under such conditions it is to be expected that they have bad and vicious

habits and practices, which they are only too ready to teach other children.

With modern means of testing intelligence, and better training of the people, who make the tests, and pass final judgment, it should become far less common than it is now, to see these children in the Public Schools; the bane of the earnest teacher, a moral menace to the other pupils, and with the certain result of a bad citizen after he reaches puberty.

It is generally conceded now by most students of the subject that a child more than four years backward in mental development is hopelessly retarded so far as even catching up with the normal standard for his age. Less than four years behind, may leave some hope of development, if the factor or factors which caused the retardation can be removed.

My colleague in this symposium has already indicated what those are. It seems to me that the benefit to normal children as well as to teachers and social workers would amply justify every county or city in Indiana, or any other state, employing a trained person to select from our schools all children over four years backward, then to demand of the state provision for these defectives.

I want here to pay tribute to those places where careful (not cursory) medical examination of school children is made, for the result of such examination, in weeding out the children, who are backward merely because of adenoids, hearing, eyes, nutrition or whatever reason has retarded their development.

If the moron girl be not recognized before puberty, her fate will almost invariably be the life of the underworld; she may and often does become a criminal, in any event she almost certainly becomes the mother of defectives, and given a chance will found another Juke's family.

The boy becomes the petty offender against social laws; he may marry, but married or not, he certainly becomes the father of other defectives. He helps fill our police courts, industrial schools, jails, reformatories and prisons, costing the state a great deal of money that would be better expended in keeping him safely on some large farm where his labor would be of some value to himself and others.

Up to the present time we have been merely dallying with the problem of the defective. When are we as a nation going to wake up and face this mighty task with the consideration and care it deserves? When are we going to lay out a concerted and comprehensive plan for dealing with the problem of the feeble-minded? I can not answer the question, but for the sake of the coming generations, I hope it will be soon.

DIFFICULTIES ENCOUNTERED IN SECURING A COMMITMENT LAW FOR THE FEEBLE-MINDED¹

BY EDWARD H. OCHSNER, M. D., President Illinois State Charities Commission.

As most of you are workers in this particular field and consequently are probably more or less familiar with the commitment law for feeble-minded passed, by the last session of the Illinois Legislature, I will discuss the matter chronologically, taking up first, the considerations that led to the drafting of the bill; second, the principle provision of the bill, and finally, the steps which were necessary to secure the enactment into law.

The chances of a mentally or morally defective person having a numerous progeny, a large per cent of whom will attain maturity and will in turn have numerous offspring, is probably greater today than it ever has been in the world's history. The firm conviction, that the above statement fairly represents the facts, coupled with the fact that many of the defectives are unfairly treated and some most shamefully exploited, and with the belief that in the overwhelming majority of cases the best solution of the problem is the permanent segregation of the mentally and morally defective, induced a group of Illinois citizens interested in this subject to secure the drafting of a commitment bill and its enactment into law at the last session of the Legislature.

When we made up our minds to seriously undertake the work, we fully realized that the first and probably greatest difficulty would be to secure a broad-guaged, public spirited, constitutional lawyer to draw up the bills. Several unsuccessful attempts were made by members of this group to get a suitable law drafted and quite a number of those interested were about ready to give up the attempt before we had really gotten well under way, when Dr. Clara Harrison Town, former State Psychologist, appealed to Dean Wigmore of the Northwestern University Law School, who prevailed upon Prof. Henry Schofield of that institution to undertake the work. This was a piece of unusual good luck, and to Prof. Schofield

¹Read at the meeting of the American Association for the Study of the Feeble-Minded, Indianapolis, May, 1916.

we are largely indebted for the splendid bill which was drafted and which is now the law of the State. He brought to the work a brilliant mind splendidly trained in constitutional law for such a task and a spirit of co-operation and willingness to take suggestions from experts in their special lines, quite unusual I am sorry to say, in most professional men. Prof. Schofield hit upon the brilliant idea of modeling the new commitment law for feeble-minded on the commitment law for the insane, known as the "Lunacy Act of 1893." The first bill was drafted along these lines, taking chapter by chapter of the Lunacy Act, and changing it to conform with the requirements of the feeble-minded. This was subsequently modified by substituting portions of the Juvenile Court Act, on the suggestion of Judge Harry Fisher of the Municipal Court, because the court procedure of the latter Act is considered simpler and hence easier to administer because the constitutionality of the latter Act has been passed upon and approved by the Supreme Court of the State. Later the bill, as then drafted, was made to conform, at the suggestion of Judge Henry Horner of the Probate Court, with the laws pertaining to minors and guardianships. Those of you who are familiar with these difficult problems, will instantly realize that this was very important in order to make the law practicable and workable. In fact, one of the prominent lawyers of my city, after a careful study of the law, told me that, from a legal standpoint, this was one of its strongest features.

The next and probably equally difficult problem was to secure a suitable definition for feeble-mindedness. A definition which would be workable in the courts, be practical and yet be reasonably scientific. Here again Dr. Town came to our rescue. She took portions of the definition submitted by the English Commission on feeble-mindedness, eliminating the ultra-scientific portions and adapting the whole to our needs. A prominent medical friend, who has made a life-long study of Psychiatry and Feeble-Mindedness, expressed, as his opinion, that this definition was the keystone of the law and a distinguished accomplishment. The definition is short and of such vital importance that I will quote it here:

The words "feeble-minded person" in this Act shall be construed to mean any person afflicted with mental defectiveness from birth or from any early age, so pronounced that he is incapable of managing himself and his affairs or of being taught to do so, and requires supervision, control and care for his own welfare, or for the welfare of others, or for the welfare

of the community, who is not classifiable as an "insane person" within the meaning of "an Act to revise the law in relation to the commitment and detention of lunatics, etc."

In Section 3, the following statement is found: "When any person residing in this State shall be supposed to be feeble-minded and by reason of such mental condition of feeble-mindedness and of social conditions, such as want of proper supervision, control, care and support, or other causes, it is unsafe and dangerous to the welfare of the community for him to be at large without supervision, control and care, any relative, guardian or conservator or any reputable citizen, etc.," may ask that legal proceedings be instituted for the commitment of such supposed feeble-minded person.

You will see from the above definition and the portion of Section 3, quoted, that in order to have a person adjudged feeble-minded, his feeble-mindedness must be of such a degree or his environment must be so bad that it is unsafe for the individual, himself, or dangerous to others, or dangerous to the welfare of the community to allow him to be at large.

These provisions, I believe, are of the greatest importance and will protect feeble-minded persons who are living under good environment and who are carefully supervised and protected from being unjustly committed, and I am firmly convinced that, if this portion of the bill had not been so carefully worded, it would never have passed the Legislature or received the approval and signature of Governor Dunne.

A third and almost equally important provision of the law was incorporated at the suggestion of Chief Justice Harry Olson, of the Municipal Court, and is found in Sections 20, 21 and 22, and provides that when the trial judge is convinced that a person who is charged with crime, misdemeanor or delinquencies, etc., is feeble-minded, the judge may adjourn the proceedings and direct that a petition be filed under this Act, instead; or, if a person has been convicted and the judge is convinced that the person is feeble-minded, he may suspend sentence and direct that a petition be filed under this Act, instead, and the case disposed of as one of feeble-mindedness.

Section 22 makes suitable provision for the transfer of feeble-minded persons from insane asylums to the home for feeble-minded, and for insane persons from the home for feeble-minded to insane asylums.

As these sections of the law are of vital importance, I will have them printed as a part of this paper for those who are particularly interested, but as they are rather long, and as I

have already stated their purpose briefly, I will not read them here.

Section 20. When a child is brought before a "juvenile" court as a dependent or delinquent child, if it appears to the court on the testimony of a psychologist or of a physician or other evidence that such person or child is feeble-minded within the meaning of this Act, the court may adjourn the proceedings and direct some suitable officer of the court or other suitable person to file a petition under this Act; and the court may order, that pending the preparation, filing and hearing of such petitions, the person or child be detained in a place of safety, or be placed under the guardianship of some suitable person on that person entering into recognizance for his appearance.

Section 21. On the conviction by a court of record of competent jurisdiction of any person of any crime, misdemeanor or of any violation of any ordinance which is in whole or in part a violation of any statute of this State; or on a child brought before a juvenile court for any delinquency, being found liable to be sent to a reformatory school, a training school or an industrial school, the court is satisfied on the testimony of a physician or psychologist or other evidence that the person or child is feeble-minded within the meaning of this Act, may suspend sentence, or suspend entering an order sending this child to a reformatory, training or industrial school, and direct that a petition be filed under this Act. When the court directs a petition to be filed, it may order that pending the preparation, filing and hearing of the petition, the person or child be detained in a place of safety, or placed under the guardianship of any suitable person on that person entering into recognizance for his appearance. If upon the hearing of said petition or upon any subsequent hearing under this Act, the person is found not to be feeble-minded, the court shall impose sentence.

Section 22. When the mental condition of a person under guardianship or in an institution for feeble-minded persons, pursuant to an order of court under this Act, becomes or is found to be such that he ought to be transferred to an institution for lunatics, the guardian or managers of the institution, or Board of Administration, as the case may be, shall cause such steps to be taken, as may be necessary for his removal to an institution for lunatics under "an Act to revise the law in relation to the commitment and detention of lunatics, and to provide for the appointment and removal of conservators, and to repeal certain Acts therein named," approved January 21, 1893, in force July 1, 1893. And when the mental condition of a person in an institution for lunatics under such Lunacy Act of 1893 becomes, or is found to be, such that he ought to be transferred to an institution for feeble-minded persons, or placed under guardianship under this Act, the managers of the institution for lunatics, or the Board of Administration may cause such steps to be taken as may be necessary for having an order that he be sent to an institution entered by the court of original jurisdiction for feeble-minded persons, or placed under guardianship under this act.

These then are briefly the important provisions of the law. Those of you who are interested in legislation along these lines in your own states, may feel the same curiosity as expressed by a prominent man in a discussion of this subject some time ago in the following words, "Since studying this law, I have wondered how it was possible to put across a piece

of legislation of such fundamental importance and far-reaching effect as this."

Briefly, I will say it happened in the following way: By getting the right man to draft the bill and then getting in touch with and getting suggestions and help from every person who we thought could be of assistance, and incorporating all suggestions that seemed to strengthen the measure. Several hundred persons were interviewed and corresponded with and many excellent suggestions were thus secured.

By laying great stress upon the necessity of such a law for the protection of feeble-minded persons, themselves, and by never mentioning the race improvement side of the problem in our efforts with the Legislature. In fact, every person who was asked to correspond with or interview any member of the Legislature or who had anything to do with the public press campaign was carefully cautioned never to use the word "eugenics." This precaution was taken because in recent years the daily press has brought this word into ridicule and disrepute.

By not permitting any person connected with the movement to use the movement for personal advertising.

And finally, by securing the most splendid co-operation of many large organizations and many influential persons interested in common justice, in race improvement, and social betterment.

DANGERS OF CLASSIFYING AS FEEBLE-MINDED CHILDREN WHO ARE MERELY BACKWARD¹

BY J. M. McCALLIE, Ph. D., Director, Special Classes, Trenton, New Jersey.

In my treatment of this subject I have thought that the main points might be brought out more interestingly by giving an account of a case which is supposed to have been brought to the clinic for a mental diagnosis.

I will first read my notes which were made during the first interview. I will admit that these are not all verbatim, as the boy said them, but they represent what I saw in the boy and will convey some idea, I hope, of the problem to be solved. I have thought best to let the boy do the talking with as little interruption as possible.

This boy was about twelve years of age, in the third grade of school, well built, but unkept and careless in his looks. His Scotch mother had compelled him to come to the clinic to find out, as she said, how much sense he had. With this encouragement she bade him "look at the gentleman and talk," and this is what he said to me:

"I am as old or older than the human race. I am my reaction to stimuli. To know me, therefore, you must know my reaction to stimuli since mankind has existed and before. Because I reacted persistently and consistently in a certain definite way to stimuli I became an animal. As an animal, I persistently and consistently reacted to certain groups of stimuli, in a certain definite way, for ages. In so doing, I established certain laws of reaction which differentiated me from other animals, and I became a human being. My body, in all its complexity, is a result of the working of one of these fundamental laws of reaction. So are my reflexes, instincts, feelings, and emotions the results of the establishment of other laws of reaction. What I call my mind, of course, is conditioned by my body and grew out of my reflexes, instincts, feelings, and emotions. My mind works through my nervous system which is made up of a multitude of millions of cells capable of innumerable combinations which I make when I remember, imagine, plan, reason, judge, will. These are only names of the different kinds of reactions that I make. Wherever I have

¹Read at the meeting of the American Association for the Study of the Feeble-Minded, Indianapolis, May, 1916.

lived I have always made the reactions referred to above; but, I have noticed that the climate, soil, and social conditions made a great difference as to how I made them. The way I made these reactions gave me my temperament. I remember having to react to a particular kind of environment for a long time, and when I got through, I was Scotch. I have noticed that other nationalities were made in the same way.

"It has always been my habit to move out of my old body about every thirty or forty years, and, by the help of another, build a new body in which to live another thirty or forty years, and then move again. When I first began making these moves, I took with me only the secrets of body building. A long, long time afterward I found I could take some of my reflexes with me; then, much later, I succeeded in taking with me my instincts, emotions, feelings; and now, when I move, I take with me, not only these modes of reaction, but some of my family heir-looms as well. I wish I could take more, for, some time ago, I found life becoming so complex that it was difficult for me to even build the right kind of a body, and, as for my instincts and emotions, my most valuable assets at one time, I do not now find of so much use. For example, my desire to hunt is quenched with canned meats, the procuring of which is attended by no greater excitement than placing a telephone receiver to my ear and calling, and it comes prepared for eating. When I would engage in the manly exercise of fighting, I am arrested. Life is so different now from what it has been. There is a tendency, today, to do away with some of the old fundamental things that have made the race what it is and substitute more modern things. Life is now so complex it would seem that a few of these substitutions might be profitably made. For example, if I could, the next time I move, take with me the multiplication table instead of the hunting instinct, or the ability to manipulate a typewriter instead of the fighting instinct, I am sure these substitutions would help me much to get along in this hurrying age in which I now find myself. To be truthful, I have been striving so hard for the past two or three generations to keep in the fore-front of what is called progress, that I have neglected to take with me, when I moved, all the secrets of my ancestors in body building, and some of the real fundamental racial qualities I have stunted or endeavored to suppress. The result is that I find myself incapable of keeping up with the average in the race of life. I know that there is such a thing as being backward and I know that there is such a thing as being feeble-minded. I believe

that I am either backward or feeble-minded. I want you to tell me which I am."

This was one of my first patients and what I have recited is only a part of the great amount of interesting information given to me. I very wisely, I think, dismissed him and told him to call again the following week, and, in the mean time, I called for conference several persons distinguished for the work done by them in the study of mental deviates. All agreed that the study of mental retardation was in its infancy and that it was often difficult, in border line cases, to distinguish the merely backward from the truly feeble-minded.

The first task we set for ourselves was the formation of a definition of "feeble-mindedness." Dr. Tredgold, of England, said that the Royal College of Physicians of London suggested the following definition, which was adopted by the Royal Commission on the Feeble-Minded: "The high grade feeble-minded person is 'one who is capable of earning a living under favorable circumstances, but is incapable, from mental defects existing from birth, or from an early age, (a) of competing on equal terms with his normal fellows; or (b) of managing himself or his affairs with ordinary prudence.'" Of course, this implies that any one, however backward, who is able to look after himself and his affairs, in the environment where Nature has placed him, is normal, and that this includes all persons with mentalities varying from that of a ditch-digger to that of an Edison.

Dr. Barr, of Ellwyn, described border line cases as follows: "Mental processes normal, but slow, requiring special training and environment to prevent deterioration; defect imminent under slight provocation, such as excitement, overstimulation, or illness."

Dr. Goddard, of Vineland, defined high-grade morons as "those who can do fairly complicated work with occasional or no supervision; can run simple machinery, take care of animals, only are unable to plan." It is noted here that the only difference between the high-grade moron and the low-grade backward person is the fact that the latter can **plan**, while the moron can not.

Dr. Binet, of Paris, was of the opinion that we should call a child feeble-minded if he were two or three years retarded, providing that this retardation was not due to insufficient training.

All agreed that feeble-mindedness, however high-grade,

was incurable and that backwardness was remediable under proper treatment.

Having agreed in a general way what feeble-mindedness is and what mere backwardness is, we next discussed how these mental states could be diagnosed. It was evident that any diagnosis that we might make would also be a prognosis and that he who assayed to diagnose these mental states must play the difficult role of a prophet.

It was first thought that the simplest, easiest, and surest way to solve this problem would be to enumerate the physical stigmata characteristic of the feeble-minded and the backward. This theory was defended by Lombroso and others. Quite an elaborate scheme of what seemed to be the distinguishing physical markings was made out. But, one by one, each had to be given up as a sure sign of feeble-mindedness or backwardness. First, a dentist present gave us case after case of children who were cured of their supposed feeble-mindedness by simply putting their teeth in order; and more than one surgeon declared that positive feeble-mindedness had been cured by removing adenoids and enlarged tonsils; and many oculists were just as positive that numerous certified feeble-minded children had been restored to normality by glasses; and so on. By the time all the specialists had given their evidence, it was decided that about all that could be said in favor of certain physical markings was, that, in general the feeble-minded were more likely to have these so-called stigmata of degeneracy than the normal.

At this point in the conference, some one suggested that the only sure way of deciding whether a child might be feeble-minded or backward was to find out what his associates, parents, and teachers thought about him. In other words, it was thought that the bar of Public Opinion, which must necessarily be the ultimate arbiter in the matter, would render a just decision. In substantiation of this view the maxim: "You can fool some of the people all the time, and all the people some of the time, but you can't fool all the people all of the time," was cited.

Just when everybody seemed to be accepting this method of diagnosis and maxim as infallible, Dr. Shields arose and offered his most emphatic protest against allowing a person to be called feeble-minded simply because the public chose to pronounce him such. Then he cited his own pathetic case, how he was misunderstood, mistreated, and pronounced all but hopelessly feeble-minded by his teacher, mother, brothers, and the

public; how the great awakening came; how he grew mentally until he was the peer of any man. This brought Judge Russell to his feet, who told how, when a boy, he was driven from school by his teachers because he was so hopelessly dumb and how he left home because his parents and acquaintances seemed to have the same opinion of him; how he went West, found himself, became a successful lawyer and judge, and, in his opinion, the maxim about not being able to fool all the people all the time was not worth the paper it was written on, and that the public is the last place on earth to go to find out whether a child is backward or feeble-minded.

Mr. Silverstein wanted to tell how he was considered a fool in school and how he had made enough money to buy out all the teachers in the state, but further evidence of the unreliability of the public to pronounce upon the sanity of a child was deemed unnecessary.

Some one, at this point, brought up the idea that what we do depends upon what we think, and that what we think and do tomorrow will largely depend upon what we think and do today; and, it was suggested that, if we had some way of measuring intelligence, we would have the key that would unlock the door that would lead to a sure understanding of the differences between backwardness and feeble-mindedness.

Dr. Goddard became interested in this phase of the discussion and told the conference about the Binet-Simon tests for measuring intelligence. He concluded his remarks by saying that, in his judgment, these simple tests, in the hands of a competent person, were all that would be needed, in the absence of other convicting evidence, to determine whether a child was merely backward or feeble-minded. To this statement a dozen or more raised objections. Dr. Wallin, of St. Louis, was very positive that the scale was not at all reliable, for, as he said, he had tested an idiot by it, and the test showed the idiot to be normal. He also cited the cases of several farmers and successful business people that he had tested by this scale which showed them to be hopeless idiots or imbeciles.

Mr. Kohs, of Chicago, reminded Dr. Wallin that these tests were primarily for children, that there were not any tests for normal persons over twelve or fourteen in this scale, and that a retardation of forty-eight years, of a person of sixty, would simply mean that the person was, in all probability, normal.

Dr. Terman, of Stanford University, and Dr. Yerkes, of Harvard, each expressed the opinion that there was much

good and many defects in the Binet scale and each told us that he had removed these defects in his own way and that he now had a scale that was very reliable. However, neither was much more impressed with the other's scale than he was with the original Binet scale.

Dr. Healy and Dr. Fernald and a number of others had not been very favorably impressed with the Binet scale, so they invented tests of their own which they thought were more valuable in certain ways than the Binet tests.

Kuhlmann, Knox, Porteus, Ballard, Trabue, Norsworthy and several others wanted to tell wherein their scales were superior to others for making certain tests, but time forbade.

Dr. Holmes, of State College, Pennsylvania, was of the opinion that mental tests measured merely present mental capacity which may change with the diminution of physical defects, improved environment, etc. Therefore, a child testing feeble-minded today by any of these mental tests might prove to be normal later.

A tax-payer offered this contribution to the discussion. It seemed to him that where there was so much disagreement among experts, and, since mistakes in classification were bound to occur, scores of non-experts were abroad in the land making tests and classifying children as feeble-minded that there would be great danger of so many being found in this class that it would be financially and physically impossible for the sane members of the community and state to take proper care of them.

A sociologist, in the company, observed that, to call a merely backward child feeble-minded was a crime against the child. It was bad enough to be backward, but to have to carry the stigma of being feeble-minded with the burden of being backward throughout life, was intolerable. He said, also, it was a crime against the father and mother to be made to believe that their child was feeble-minded, when he, in fact, was merely backward; and to these statements all agreed. He pointed out the fact that to classify a merely backward child as feeble-minded would not only cast a gloom over the child and his parents, but, that such a child might be segregated from normal people and placed in an institution or colony for life, thus depriving him of the right to live a natural life and earn his own living.

A lawyer called attention to the fact that often the disposition of vast estates depended upon the classification of children as feeble-minded or merely backward, and that, fre-

quently, the kind of punishment meted out, or life itself, depended upon whether the individual was classified as feeble-minded or merely backward.

With this remark our conference closed. You say that this was rather an elaborate conference of experts and of persons interested in the feeble-minded and the backward. Yes, I agree with you, but would it be too elaborate or would I seem to you to be too careful if the boy, whose mentality I am to decide upon, were your boy?

No one should claim to be competent to pass upon the mentality of any person until he has had many conferences, personally, or through their books, with most of the men I have mentioned, and many others that I have not mentioned, and he should have had much experience in the diagnosis of doubted and undoubted cases of backwardness as well as feeble-mindedness. The child, the home, and society demand it.

THE RELATION OF FEEBLE-MINDEDNESS TO OTHER SOCIAL PROBLEMS'

BY HELEN MacMURCHY, M. D., Inspector of Feeble-Minded of Ontario, Canada.

What are social problems? They are the difficulties and dangers which confront us as members of organized human society, whether it be in the small units of neighborhoods and communities or in the larger units of municipalities, sovereign states or provinces, nations or empires. As citizens who feel and acknowledge community responsibilities we must think and plan for public duty, public morality, public safety, public health, public welfare and prosperity.

It is evident that organized society rests upon the home. No home—no nation. If the problems of the home are satisfactorily solved we have a happy, permanent and prosperous state and nation. The home flourishes and is free under the protection of the state, and public health, for example, is secured by good public housekeeping, whereby pure water, pure air, pure food, and healthy home conditions are secured for all citizens. It will be found that the problem of the feeble-minded is essentially a problem which begins, continues and ends in the home, if indeed it does not end the home, as often happens, for mental defect tends to the destruction of any home where it appears.

Under the problems of public prosperity we must deal chiefly with industrial problems—unemployment, poverty. Mental defect is a constant cause of unemployment. One feeble-minded man is often found in twelve different jobs in as many months. He seldom or never can keep a job unless he is in an institution. It is the same with the feeble-minded woman. No matter how simple the work or how anxious her employers are to keep her, or how kindly she is treated, or how often she is taught, she is out of a place all the time. One such woman who had friends and relatives to interest themselves in her, was employed in a laundry. Times were good, help was scarce, wages were high, but the laundry manager finally gave up the struggle, saying that he could not

'Read at the meeting of the American Association for the Study of the Feeble-Minded, Indianapolis, May 1916.

afford to keep her any longer. She could do the laundry work but she was late so often that she never worked more than five days out of the six at the best, and he could not teach her to be punctual.

Modern methods of preventing unemployment and poverty, such as vocational and industrial education, labor bureaus and industrial insurance have little or no application to the feeble-minded. Their vocation is institutional life where alone they can be employed and happy. If we would eradicate one of the chief causes of dependency and pauperism we must care for our mental defectives in a farm colony.

The poverty of the feeble-minded is proverbial. They never understand the value of money. They not infrequently get fairly good wages, but they cannot administer their income. Near a certain town we had a family, all of whom apparently were feeble-minded—father, mother and children. The father had pretty good wages for a while—so they fell a prey to the “installment plan.” They signed papers promising to pay \$1.00 a week respectively for a sewing-machine, for certain expensive furniture, an organ and a stove, quite incapable of course of realizing that these various “installments” totaled almost the weekly wage and left little for such trifles as food and clothing. Had more agents come to the house they would have promised more installments. The abject poverty of the feeble-minded is beyond description and is irremediable.

A. Public Health Problems.

Infant Mortality, Contagious Disease, Tuberculosis, Alcoholism, Specific Disease, Housing. Miss Mary Dendy and other eminent authorities on the feeble-minded have drawn attention to the enormous infant mortality among the large families of the feeble-minded. It is no infrequent sight to see in the Infants' Homes and Industrial Refuges for Women that the matron has had to take away her nameless infant from a feeble-minded mother, because she cannot be trusted for an instant to take care of the poor, poor baby, who should never have been born. Place it in her arms and even the mother's instinct fails. She may idly let it fall from her arms, or from her lap, and view its destruction with the terrible complacency of the ament. When we remember that the infant mortality rate is declared by the greatest living authority, Dr. Arthur Newsholme, to be the most sensitive index to the sanitary condition of any community and that motherhood is the highest and the noblest and the most skilled of all occupations, we may well hang our heads in shame that we have not kept it sacred,

but allowed its holy duties to be profaned by such sacrilege as this.

Do you seek a focus of contagious disease? Are you wondering where the "carriers" are? Have you a Register of the Feeble-minded of the city in the office of the Medical Officer of Health? You will seldom miss your mark if you begin there.

Have you ever tried to care for a tuberculous patient who was feeble-minded? It can hardly be done, even in an institution. It takes intelligence to keep well, and more intelligence to recover from sickness. The feeble-minded help to cause and complicate this great problem too. This very day a feeble-minded woman has been sent back from a sanatorium to our Women's Reformatory. They have done their best for nearly a year with her, but they now say they cannot take care of her. What does that mean in the community? It means that this is one reason why we progress slowly in the battle with the White Plague.

Alcoholism, as is now well known, is another effect of feeble-mindedness. This temptation, too, the feeble-minded are unable to resist. Dr. Branthwaite, inspector of Homes for Chronic Inebriates, found over 60 per cent of the inmates of these homes feeble-minded.

As for specific disease, it is possible that more people are contaminated with specific disease through a feeble-minded woman, who has one or other, or both of these diseases, than in any other way whatever. There must be many people here who have proved this in the course of their investigations, and this problem must be faced. The conspiracy of silence is broken. New York and other great cities are taking steps to treat this as a Public Health Problem. The report of the British Royal Commission on Venereal Disease just published has been so influential and so much in accord with public opinion that on April 14th, 1916, Mr. Walter Long, of the Local Government Board, told a deputation that His Majesty's Government would give to all local Health Departments a money grant equal to 75 per cent of what they pay for the diagnosis and treatment of venereal diseases. The care of the feeble-minded would save the other 25 per cent.

The problem of housing in new nations or younger nations is in the nation's own hands. A great opportunity. But where the feeble-minded go they make slums around them. Have you ever, anywhere, and under any circumstances, in a house where normal people live, smelt anything to compare with the

indescribable compressed, complex, horrible odor of the air in one of these abodes of the feeble-minded? They complicate the housing problem and they cannot help making slums.

B. Problems of Public Safety.

As for the problems of public safety, in other words, crimes, an eminent English authority, Dr. Charles Goring, medical superintendent of His Majesty's Prison in Parkhurst, points out that though there are only .46 per cent of mental defectives in the general population, there are these percentages of mental defectives among those convicted of:

	Per cent.
Wilful damage, including maiming of animals.....	22.2
Arson	16.7
Rape (child)	15.8
Robbery with violence.....	15.6
Unnatural (sexual) offences.....	14.3
Blackmail	14.3
Fraud	12.8
Stealing (and poaching).....	11.2
Burglary	10.0
Murder and murderous intent.....	9.5
Rape (adult)	6.7
Receiving	5.1
Manslaughter	5.0
Coining	3.3
Wounding, intent to wound, striking superior officer	2.9
Embezzlement, forgery, fraudulence as trustee, big-	
amy, perjury, performing illegal surgical opera-	
tion	0.0

What is the relation of the problem of the feeble-minded to these social problems? Cause and effect once more. Dr. Fernald says, and we all agree, that every feeble-minded person is a potential criminal. On the whole, at least from 10 per cent to 20 per cent of all inmates of penal institutions are feeble-minded.

C. Public Morality Problems.

And as for public morality, let me quote a summary of recent authoritative statistics:

"The Social Evil"

This problem is as old as human history, and still unsolved. Why?

No one denies that those who are arrested are not the clever ones, not the sharpest and best able to escape at the expense of their companions, but there are many women in

immoral houses who are victims, and there are few modern investigators who do not take account of this and of the fact that a large proportion of the victims of the White Slave Traffic are mentally defective. Dr. W. F. Snow has published a study in which he tabulates the results of recent investigations.

	Number	Percent
	Prostitutes	Examinations
State Board of Charities and Correction, Richmond, Va.	120	83.3
Chicago Morals Court.....	639	62.0
Chicago Morals Court.....	126	85.8
Illinois Training School for Girls.....	104	97.0
Massachusetts Vice Commission.....	300	51.0
Massachusetts State Woman's Reforma- tory	243	49.0
New York State Reformatory for Women	193	29.8
Bureau of Social Hygiene.....	100	29.0
Total	1,825	

Mental defectives with little sense of decency, with no control of their passions, with no appreciation of the sacredness of the person and the higher references of life, become a center of evil in the community, and inevitably lower the moral tone.

D. Problems of Public Duty.

We have sat down at the banquet of life. Shall we rise and attempt to escape without paying the reckoning? Having received life and liberty, and being free to pursue our happiness, are we to be content to pass into oblivion without doing anything to repay to the generation soon to succeed ours, what we ourselves received at the hands of the generation that preceded ours? That generation bore us, nursed us, taught us to walk and think, and work and pray. They made us their heirs. Have we no heritage to pass on to our heirs? Life is a trust. We are only life tenants of the national heritage. It is not ours to lessen or destroy—it is ours to increase and enjoy. So we must consider all these social problems in the light of public duty. We must **not**

"Promise, pause, prepare, postpone
And end by letting things alone."

The very least we can do for society—the society that gave us our opportunity, and made us what we are—is to leave behind us other trained hands to take hold of the wheel

when our voyage is done. Hands that we have helped to train and that we have sacrificed somewhat for. Remember that "There is no wealth but life. That country is the richest that nourishes the greatest number of noble and happy human beings." (Ruskin).

It is also our duty to have a care of that which is not so much the heritage of the nation to be, as it is the very nation to be itself. "Our duty to our neighbor must now be held to include our duty to posterity." It is a great public duty to see that as the nation rests upon the home for its foundation, so those who can never make or help to make a home, are not permitted, because of our selfish hearts and slack hands, to debase the national life and to degrade the glory of the national character.

Knowing what we know now about the feeble-minded, it is a sin to permit them to raise up children in their likeness, as we now do. We are bound to make our knowledge tell on the national policy. "I have set watchmen upon thy wall, O Zion," said the prophet, "which shall never hold their peace, day nor night." We have but to follow their example, and look for the day.

"We stand on the threshold of an age which is to herald the recognition of the mother and her child, to give public health work that human touch it has hitherto lacked, and to modify those glaring inequalities in social life and condition which are destructive alike of infancy and the ideals of Christian citizenship."

This is partly a question of education. It is a question of remedying the deficiencies of our modern educational systems, which have not reckoned with the feeble-minded, and there never was a time when it was more plain than to economize in education is to economize in the foundation stones of the temple of national freedom and national greatness.

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REVIEWS AND NOTICES

The Development of Intelligence in Children (The Binet-Simon Scale). By Alfred Binet, Sc. D., and Th. Simon, M. D. Translated by Elizabeth S. Kite. Pp. 1-336. Publications of the Training School at Vineland, New Jersey, Department of Research. No. 11, May, 1916.

The Intelligence of the Feeble-Minded. By Alfred Binet, Sc. D., and Th. Simon, M. D. Translated by Elizabeth S. Kite. Pp. 1-328. Publications of the Training School at Vineland, New Jersey. Department of Research. No. 12, June, 1916.

These two volumes bring together in translation all the important writings of Binet and Simon concerning mental diagnosis and mental development. The content of each is of a more miscellaneous nature than the title indicates, but the same central interest runs through both and gives the different articles a sufficiently coherent character to be brought together in this way. The translation should bring the results of the authors' studies to the attention of a large body of readers not

familiar with the French language who are eager to know them firsthand, and to a few psychologists who evidently have not taken the trouble heretofore to acquaint themselves with the original. The unprecedented success of the Binet-Simon tests has interested scores of psychologists, physicians, and others in the test method of mental diagnosis, the great majority of whom in all probability would not have given this subject a second thought had not Binet and Simon shown possibilities in this field that were never even dreamed of before. With the authors' success have come the critics, and with the critics an over-anxious group of workers straining to produce a superior method, and at times, it seems, even to depreciate and destroy the work of those who have shown them the way to unbounded opportunities. Science is not interested in human motives, but only in the results that may flow from them. It may therefore welcome the present interest in the mental test question. But it cannot welcome the way in which some are going about it to hasten progress, simply because their procedure cannot lead to progress, but only to confusion, which is already all too evident. Binet's studies which led to the publication of the 1908 series of tests passed through several stages of development, in which his general method of approach in the diagnosis of grades of intelligence was completely revolutionized. Some of the present students of this subject, somewhat intoxicated from a borrowed success, see only the final stage of this development, a highly practical system of mental tests, and are endeavoring to lead the way to higher stages by beginning where Binet began twenty years ago. The bringing together of Binet and Simon's writings and their translation in the present two volumes should not have been necessary to prevent this procedure, but now that we have their results in this handy form, may it be hoped that the last excuse for it is removed. Psychology is deeply indebted to Miss Kite for this translation. As the editor notes, "It never was more needed than now."

The first volume embodies five articles. (1) Upon the necessity of establishing a scientific diagnosis of inferior states of intelligence. (2) New methods for the diagnosis of the intellectual level of subnormals. (3) Application of the new methods to the diagnosis of the intellectual level among normal and subnormal children in institutions and in the primary schools. (4) The development of intelligence in the child. (5) New investigations upon the measure of the intellectual level among school children. Of these five articles it is the first two especially that should be read by everyone interested in the diagnosis of grades of intelligence. They give the key to the success of the tests, and show the inadequacy of earlier procedures. Among the important conclusions they have arrived at the following especially are disregarded by and perhaps unknown to many who are engaged in the practical work of mental diagnosis, or in the scientific task of producing better methods. (1) It requires psychological methods and a psychologist to diagnose grades of intelligence accurately. Etiology, physical pathology, past history, and curability are of little or no aid in establishing a diagnosis of the present mental condition of a case. (2) The method and results must be objective, and not merely an impression, or judgment of the examiner. (3) The classification as to grade of intelligence must have reference to the normal, and not simply indicate vague and arbitrary degrees of defect. (4) Mental tests, before they can have any value for diagnostic purposes, must have established

norms; it must be known exactly what scores normals will make with them.

The last part of the second article gives the 1905 series of tests. The fourth gives the 1908 system and their discussion, and the fifth discusses changes embodied in the 1911 revision.

The second volume treats of three topics. Part I: The intelligence of the feeble-minded. Part II: The language of the feeble-minded. Part III: Feeble-mindedness and dementia. The method of study is throughout empirical, and largely experimental. While the results remain far from giving us a psychology of feeble-mindedness, they embody many ingenious methods and brilliant interpretations.

Faribault, Minnesota.

F. KUHLMANN.

The Measurement of Intelligence. An Explanation of and a Complete Guide for the Use of the Stanford Revision and Extension of the Binet-Simon Intelligence Scale. By Lewis M. Terman, Professor of Education, Leland Stanford Junior University. Pp. XVIII+362. Houghton Mifflin Co., 1916.

The first one hundred pages of this book deal with "Problems and Results." The several chapters in this part discuss the uses of intelligence tests, sources of error in judging intelligence without tests, description of the Binet-Simon method and the present revision, the intelligence quotient, and reliability of the Binet-Simon method. It makes an excellent introduction, with which everyone who intends to use any system of tests should be familiar. The second part gives the tests, with detailed directions on how to give them and how to score responses. Each test is followed by remarks as to the placement of the test in the age-group, mental processes involved in the test, or other characteristic feature. The present review will deal chiefly with matters concerning the nature of the revision, the method used, and the classification of the children on the basis of its results.

The revision is the result of several years of work, involving the testing of about 2,300 cases, by a number of trained assistants and the author. After eliminating foreign born children there were left 905 from 5 to 14 years. The final revision below 14 years is based on the testing of 30 business men, 150 "migratory" unemployed, 150 adolescent delinquents, and 50 High School students. In this testing the tests were used in a provisional arrangement based on the results found in the literature, and some preliminary results of his own. Forty new tests were used with these for a try-out. The attempt was then made to so arrange the tests in the different age-groups, or to so change the standards of scoring the different tests that the median age of each age-group of children was the same as the median mental age of that group as found by the tests. Only such children were chosen in the public schools as were within two months of their birthday, and all such in each school were tested. The third rearrangement attained the end sought, and "as finally revised, the scale gives a median intelligence quotient closely approximating 100 for the unselected children of each age from 4 to 14." To test the value of each test individually the children were divided into three groups, the first with intelligence quotients below .90, the second with I. Q.'s from .90 to 1.09, and the third

with I. Q.'s above 1.09. The value of the individual test was then judged by the rate of increase in the percentage of children passing it, going from the lower to the higher I. Q.'s. The revised scale left six tests in each age-group for the ages of 3 to 10, eight tests for the age of 12, six tests for the ages of 14, 16 and 18, with a few extra tests, which are placed in some of the age-groups as alternates. No tests are given for the ages of 11, 13, 15, and 17. This arrangement eliminated 3 of the Binet-Simon 1911 tests, shifted 32 into other age-groups, and left 19 in their original positions. The remainder are the new tests added.

The rule for determining the mental age of a case from the given test results is as follows: "(1) Credit the subject with all the tests below the point where the examination begins (remembering that the examination goes back until a year group has been found in which all the tests are passed); and (2) add to this basal credit 2 months for each test passed successfully up to and including year X, 3 months for each test passed in XII, 4 months for each test passed in XIV, 5 months for each success in 'average adult' (XVI), and 6 months for each success in 'superior adult' (XVIII).

"A distribution curve is given on the percentage of the 905 children from 5 to 14 years for different intelligence quotients, the latter grouped in ranges of ten. This shows the following:

I. Q.....	56-65	66-75	76-85	86-95	96-105	106-115	116-125	126-135	136-145
Percent	.33	2.3	8.6	20.1	33.9	23.1	9.0	2.3	.55

Separate distributions for each age are not given in this volume, but the author assures us that "the distribution was found fairly symmetrical at each age from 5 to 14. . . . The symmetry for the separate ages was hardly less marked for all ages 4 to 14, considering that only 80 to 120 children were tested at each age."

Children with I. Q.'s below 70 are regarded as definitely feeble-minded; with I. Q.'s from 70-80 as border-line defectives, sometimes classifiable as dull, often as feeble-minded; 80-90 as dull, rarely classifiable as feeble-minded; above 90 as normal. As to the reliability of the I. Q. as an index of general ability, he concludes that "We have no hesitation in saying that there is not one case in fifty in which there is any serious contradiction between the I. Q. and the child's performance in and out of school."

Readers who have followed the progress of the work of revising and improving the original Binet-Simon tests will appreciate this contribution, the result of the most extensive and most carefully planned study so far published by any one author. The original scale has long been known to measure somewhat too high at the lower end, and too low at the upper end. Terman's revision apparently corrects this. He has added a sixth test to each age-group, which makes the scale more reliable in each individual case examined. He has also given detailed directions for giving the tests and for scoring responses, which is a very essential feature but was lacking in the original, although this had already been done by other authors. The plan followed in making the revision, with reference to the selection of the children tested, the testing of the value of each individual test, etc., takes advantage of the latest in discussion and criticism. The discussion of the I. Q. as the best method of grading intelligence on the basis of results with these tests should leave no excuse for continuing the more inaccurate procedure of grading on the basis of number of years retarded.

The revision is to be regarded in every sense as a marked step in advance. The magnitude of the undertaking is, however, such as to

necessarily leave a number of things still to be improved upon. Among these the following suggest themselves to the reviewer:

1. A more thorough standardization for age III, IV, and possibly V. Non-selected children of these ages and younger are difficult to find in groups available for examination.

2. The selection of cases above XIV is unsatisfactory, and the number of normal cases rather small.

3. The number of tests beyond age X is too small to give a high degree of reliability in the examination of the individual case. Tests should have been found for the intermediate ages of XI, XIII, XV, and XVII. The absence of tests at the ages of XI and XIII is at the most critical point of the scale, inasmuch as they are needed here especially for the examination of borderline cases of these ages and older. As they stand, however, the tests undoubtedly give more reliable results at this point than did the original scale.

4. Many of the new tests introduced as well as old ones retained involve in a high degree the judgment of the examiner as to how the response of the child is to be scored. This difficulty is overcome in a measure by giving copious illustrative responses and their scorings, which on the other hand increase the burden of details of procedure to be memorized.

5. It would have added greatly to this volume to have given results on each individual test showing the increase in percentage of children, from younger to older, passing it. By far the most important thing about any system of tests is the reliability of the result of the individual examination, not the agreement of average age with average mental age. This reliability depends on the number of individual tests used and applicable in the individual examination, and on the rate of increase in the percentage of children, from younger to older, passing each test. Perhaps this will be given in the monograph on the details of the results that is promised.

Faribault, Minnesota.

F. KUHLMANN.

Schools and Classes for Exceptional Children. By David Mitchell.

Dept. of Psychology, University of Pennsylvania. Pp. 122.

The Survey Committee of the Cleveland Foundation, Cleveland, Ohio.

This report is one of the twenty-five sections of the report of the Educational Survey of Cleveland, conducted by the Survey Committee of the Cleveland Foundation in 1915. The monograph on schools and classes for exceptional children is a brief history and constructive criticism of the provision made for such children in the public schools of Cleveland. This city has met the demands of compulsory education by well directed but not always well organized efforts to adjust the schools to the various atypical children who could not be forced into the scheme arranged for the so-called average child.

As early as 1876, Cleveland took the first steps toward providing special training for the children unsuited to the regular grades, when forty "truant and incorrigible boys" were enrolled in the Special Unclassified School for Boys. A school for the deaf, special classes for defectives, so-called "steamer" classes for foreign children, classes for epileptics, a school for crippled children, industrial centers, classes for the blind and an open air school followed.

In 1915 there were twelve different kinds of special schools and classes, enrolling more than 2,500 children under the care of 140 teachers. The exceptional children have been grouped with reference to the probable future relation of the individual to society. Children different from the majority, but who will probably become self-supporting units of the community, are classified as socially competent and educated as far as possible in the same schools with normal children. Thus children of normal mentality, who are suffering from physical defects, will be trained to take their places in society on the same terms as individuals not so handicapped. On the other hand, children who, by reason of mental defect, will always require social assistance, are segregated in special schools and fitted to become as nearly self-supporting as possible, in the community life of an institution.

As an instance of the plan for the education of the socially competent exceptional children, take the "Cleveland plan" for the education of the blind. Insofar as possible, the blind children are taught in classes with seeing children, the special teachers for the blind being "tutors for the group" rather than regular grade teachers. There are two kinds of classes, those for the blind and for the semi-blind, in which forty-eight children were cared for under the direction of six teachers, in 1915. In caring for the deaf, the segregation plan has been followed. The survey committee strongly recommends that the same plan be followed for their education that has been so successfully carried out with the blind. The so-called "restoration classes" aim to tutor children who, for remediable causes have fallen behind their regular grade and to "restore" them to that grade as soon as possible. Where failure to advance is due to illness or to home conditions which make regular attendance impossible, children are given special individual attention for a sufficient period of time to bring them up to standard. That another group of children, who require intensive training and study to determine the cause of retardation, be included in this group is very strongly recommended. Such careful training and study would be exceedingly valuable in the diagnosis of doubtful cases of feeble-mindedness.

The Cleveland public schools have assumed the responsibility for two classes of the socially incompetent, the epileptics and the feeble-minded. It is admitted that at least one of these classes, the epileptic, presents so unsatisfactory a pedagogical problem as to warrant elimination. The medical and educational treatment, which these cases require, makes them proper subjects for an institution only.

The author defines feeble-mindedness as social incompetency. "No one who can manage his own affairs so that he will not need supervision can ever be called feeble-minded" and conversely "when one has shown his lack of ability to maintain himself independently of others, an incontestable diagnosis is made." However, the sociologist's definition of feeble-mindedness will not altogether satisfy the psychologists requirements, nor will it cover the case for him. Exceptions to the rule constitute one of the psychologist's most perplexing problems; individuals with apparently average intelligence, whose lack of those qualities of emotion, will, and judgment that are necessary to their social competency will incapacitate them to maintain existence without supervision and, on the other hand, individuals of a low type of mentality who will be just able to eke out a meagre existence under the simplest conditions.

It is, never the less, the problem of the pedagogical psychologist to discover whether a child will be able to maintain himself without social assistance and to plan that child's training according to his ability. To

that end are established for the mentally exceptional children: (1) Industrial Schools and Training Centers; (2) Backward Classes; and (3) Classes for Defectives. The Industrial Schools differ from the Training Centers in that they give industrial training to the brighter children who, though backward in the work of the regular grades, will probably be capable of self-support if given proper manual training. The Training Centers are designed for defective children and the number of these children who can profit by instruction in reading and writing is very limited. Of the Special Classes for Defectives the very pertinent criticism is made that there is no organization which co-ordinates the work of all the classes and valuable time and material are wasted as a result of lack of supervision, every teacher being a law unto herself. The author brings up a question which the special classes everywhere must solve in order to justify their existence, the question of how far it is worth while to spend time on the "three R's" with children who will make no practical use of such knowledge. He cites the case of a boy, who after ten years in the special classes and regular grades, can read and write mechanically simple monosyllabic words and do very crude hand-work. The education of this boy has cost the city approximately \$1,000. Of course this boy is a proper subject for an institution, but the worthwhileness of such training is very doubtful for many of the cases with whom the special classes are now dealing; the expenditure being out of all proportion to the results obtained.

In the manner of the selection of the feeble-minded children, the author finds much room for improvement. The initiative, as usual, is taken by the grade teacher in cases of pedagogically retarded children. Feeble-minded children are often overlooked owing to the neglect of the teacher to take the age factor into account when estimating the intelligence of the over-age child. As Terman points out, the teacher is apt to estimate the intelligence on the basis of the child's performance in the grade where he happens to be located. The use of the Binet scale "as the final means of determining the mental status," the author finds very unsatisfactory. The establishment, which he recommends, of a psychological clinic, under the direction of a trained psychologist, with an assistant field worker to investigate environmental conditions and clinical clerk to record and file data would undoubtedly be invaluable in the selection of the mentally exceptional child. Yet for school systems where such an elaborate psychological equipment is not feasible the Binet scale has proved, even in the hands of untrained examiners (experienced only in the use of the scale) a more valuable means of judgment than any other. With all their mistakes, the errors of judgment are neither so great or so frequent as in the subjective diagnosis even of experienced persons. If their "Binet expert" classifies two children who do not pass higher than the tests for three years, as low grade imbeciles, when one of them has a chronological age of 16 years and the other 6, the fact should not redound to the discredit of the Binet scale but the interpretation of the results should be put in the hands of some one qualified to read them in terms of the relation between age and mental age. Writing in 1905, Binet states the case thus: "Here is a child of twelve years, who does not know how to apply to the objects which he sees the words which he hears and which he pronounces; the majority of children of two and three years can already do this; he presents therefore a retardation of ten years. Then here is another child of the same degree of intelligence who is four years old; he is only two years behind children of his own age. Are we not justified in taking into account

this enormous difference of age? Would it be right to say that these two children, because they have the same intellectual level, both belong in the same category? . . . " In Dr. Goddard's revision of the Binet scale, he takes account of the relation between age and mental age, the consequent retardation being the basis for classification for children who have not yet reached mental maturity. The age-grade classifications which correspond to the three classes, moron, imbecile and idiot apply to adults.

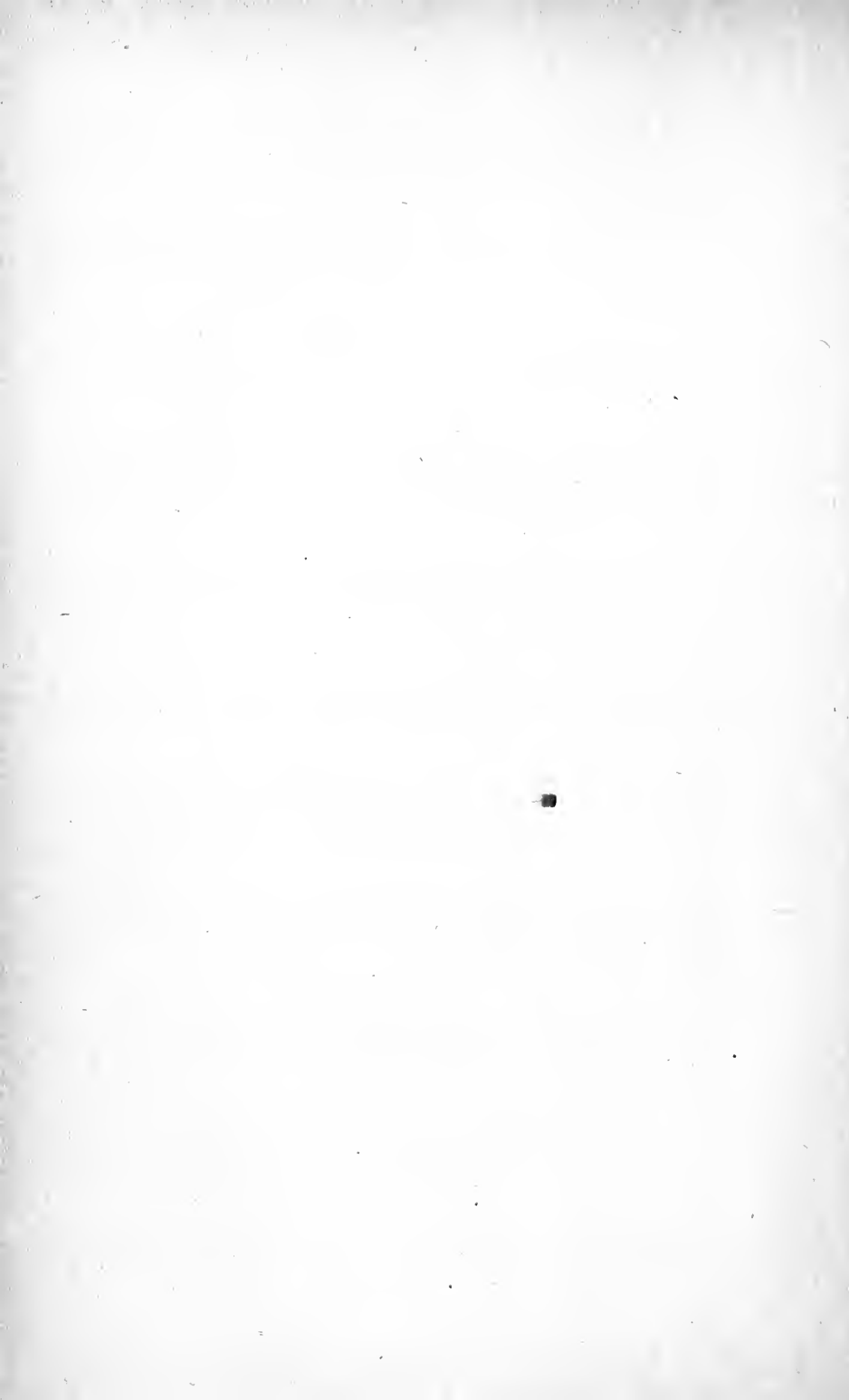
But the author has stated that it is the aim of the report to show that "Even if the method of giving the tests were perfected to the utmost possible degree, the results would still be unsatisfactory." Though it is admitted by the best qualified authorities on the Binet tests, that they are as yet an imperfect measure of intelligence, still they constitute our best means of judging intelligence. The critics of the scale have not demonstrated a better way. The author states that the Binet scale as used in the Cleveland schools has not proved satisfactory. As to how unsatisfactory, he has given us no data upon which he bases his conclusions. He has suggested the use of other tests; we have no assurance that other tests will correct the faults of the Binet scale. It has been the aim of the psychologists, who have been revising and extending the scale that Binet began, to continue the work from the point where its originator left it, utilizing all of the work that has been done on the scale, revising and extending as the gradual accumulation of data corroborates or refutes the individual tests. He suggests that the "age-grade" method of scoring is inferior to the "point scale" method; in the "intelligence quotient" of the Binet revisions we have the same thing based on more data than the "point scale" grading, and with the added advantage of more norms to standardize conclusions. Had Binet lived he would undoubtedly have perfected the scale along the lines being followed by the psychologists. He was aware of its limitations but maintained its value as a method and to that end, as an instrument for scientific diagnosis, would require an examiner who "should have served an apprenticeship in a laboratory of pedagogy or possess a thorough knowledge of practical psychological experimentation." It was the reviewer's understanding of Binet's statement that such apprenticeship was necessary to make possible an intelligent interpretation of the psychological processes involved in the tests and to appreciate the importance of absolute accuracy in the observance of the conditions of the experiment and in the recording of results—not, as the author implies, an admission of the inadequacy of the tests as a measure of intelligence "even if the method of giving the tests were perfected to the utmost possible degree."

Necessarily, the Binet scale falls short in the measurement of those psychological functions without which native intelligence alone can never enable the child to cope successfully with educational problems. Quoting from Stern, "the degree and duration of attention, industry and conscientiousness, sense of duty and capacity to fit into the social group," qualities of character and will added to intelligence, measure school performance.

The recognition of the necessity of adapting the educational procedure to the needs of exceptional children and the directing of pedagogical effort toward the accomplishment of practical results, make this survey very valuable in the adjustment of special class problems.

Faribault, Minnesota.

M. A. MERRILL.





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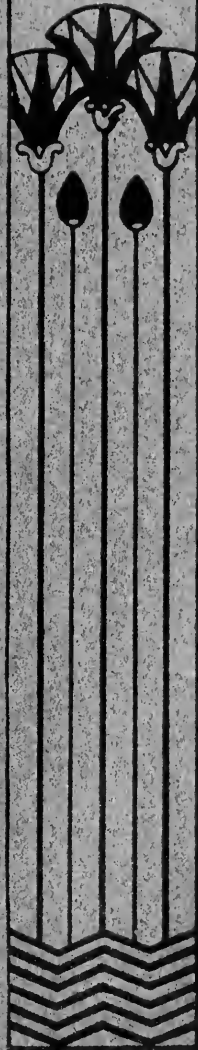
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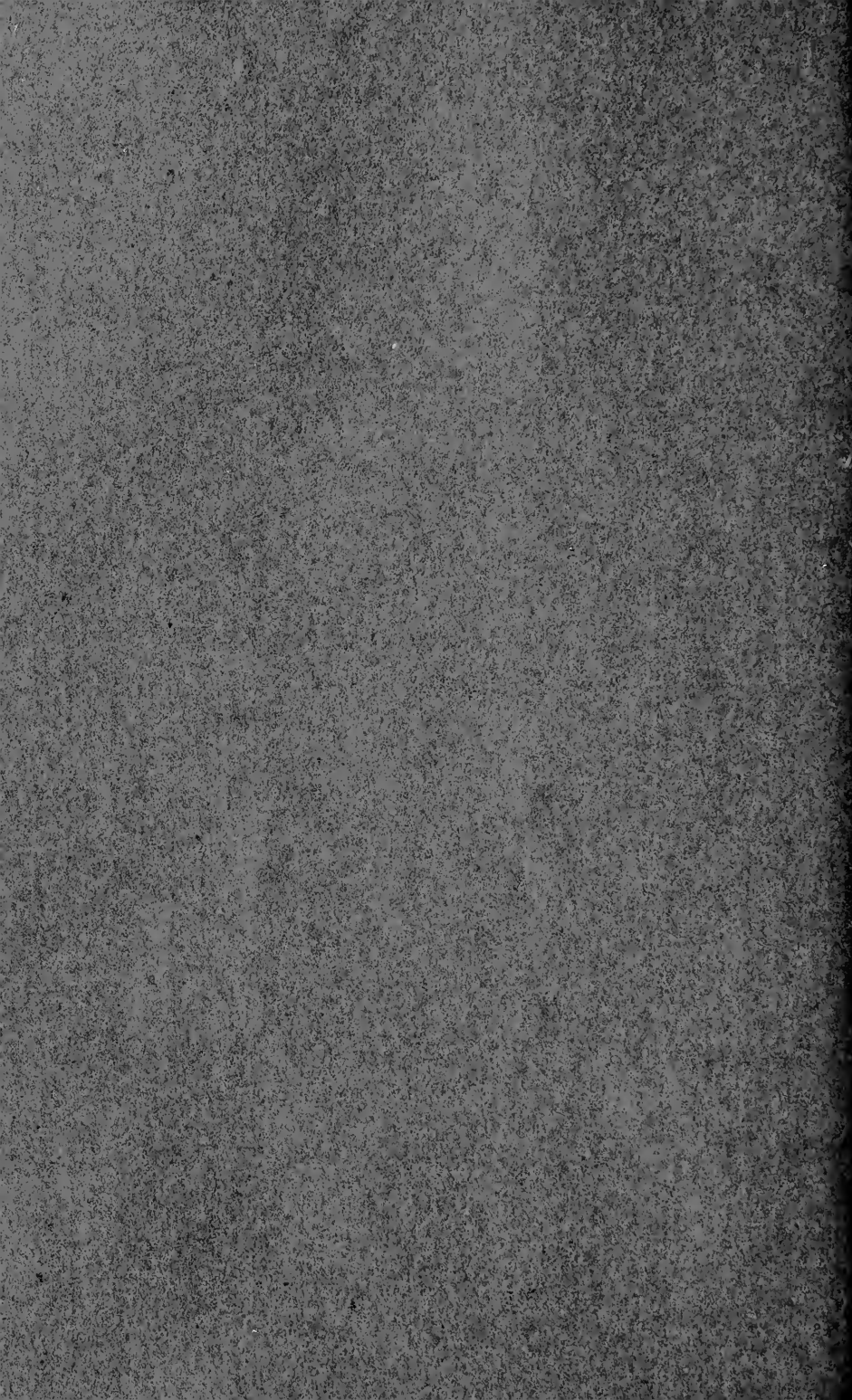
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JOURNAL OF PSYCHO-ASTHENICS

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THE PSYCHOPATHIC CLINIC AT MASSACHUSETTS REFORMATORY

GUY G. FERNALD, A. M., M. D., Resident Physician Massachusetts
Reformatory, Concord.

Among the earliest efforts to promote mental hygiene in groups assembled for that purpose must be mentioned the establishment of reformatories. The ultimate administrative and scientific purpose of a reformatory is the mental training of inmates to enable their restoration to ordinary social relationships, and the organizing of reformatory psychopathic and psychologic laboratories is a logical response to the recognized need for a more scientific application of reformatory methods.

The fundamental objective of a classification of institution inmates must be to enable the most economic adaptation of available means to the sociologic uplift of the institution's inmates. To justly determine into what groups a population falls, their mentalities must be studied from at least two angles: the degrees of mental efficiency presented and the varieties of mental departures recognized.

At the Massachusetts Reformatory, after preliminary experimental case studies, the systematic examination of each inmate for the purpose of mental classification and social service suggestion was begun. This was made possible by the establishment, on the initiative of Hon. Frank L. Randall, chairman of the Massachusetts Prisons' Commission, of a department of field investigation directed by a skilled investigator, Mr. John V. Chapman, a member of the Massachusetts bar. His reports are filed in duplicate and are available also for the Board of Parole and Pardons. His office is equipped with a stenographer, dictaphone, filing devices, etc. The systematic

collection and presentation of the essential information on each inmate has made possible the requisite examination of inmates by the physician *pari passu* with the movement of the population in addition to meeting the institution's medical, surgical and psychiatric requirements.

The group of inmates under consideration is a very homogeneous one as to age, sex and social standing; the average age being twenty-one years, sex male, and respect for social requirements not high. The average deviation in these respects is small. In secular education the average attainment is below fourth grade; but there are few illiterate cases and a very few of high school or slightly higher grade. In home training the average efficiency is very low and in over half a history of disorganized homes appears. In over 60 per cent of the cases scholastic pursuits have been discontinued at fourteen or earlier and an impulsive search for amusement and gratification substituted for self-denying effort for advancement.

Proceeding from this brief characterization of the group we may outline the interview. With case history and physical examination at hand, the examiner and subject retire to the presentation room of the laboratory where freedom from distraction and interruption is assured. Material for tests is instantly available, but is not displayed, only that for the test to be given being in evidence. Usually some test requiring concentration and judgment but enabling an insight into other capacities is first given, e.g. the ethical discrimination test, while the examiner rapidly acquaints himself with the case history, the subject being kept fully occupied but unirked by scrutiny. The material presented in the field investigator's calendar is outlined below.

EPITOME OF INFORMATION ON EACH CASE

Furnished and Checked-up by the Field Investigator

FAMILY HISTORY:	{ Ascendants and Siblings:	{ Causes of sickness and death. Industrial and social status; insurance, savings. Addresses, occupations. Incarcerations, reasons therefor. Dissipations. Insane, defective, epileptic, choreic, tubercular, etc.
--------------------	----------------------------------	--

**PERSONAL
HISTORY:**

Description.

Alias. When and where. Why.

Family data: Names, addresses, occupation, character and habits of ascendants and siblings.

Home surroundings and training: Conjugal relations of parents, age at death of either parent or both, age on leaving home and the cause.

Secular: { Training, opportunities

Religious: { improved and ignored.

School: Discontinued when. Why. Grade.

Social standing and attitude, society membership.

Matrimonial data: Wife's maiden name, children, etc., relations with friends and loves.

Industrial training: Opportunities improved and neglected.

Property: Insurance, savings, contributed to the support of others.

Citizenship: States of residence and duration of stays.

Addresses of employers and time with each, reasons for leaving jobs, notices given, dismissals, promotions.

References: Names, addresses and occupations.

Recreations: Occupation evenings, character of associates.

Court data: Sentence, by whom, attorney, etc.

Incarcerations: Crimes detected and undetected, time served, when, where, arrests, jails.

Habits: Liquors, drugs, tobacco, gambling, sex indulgence.

Police record.

PRESENT CONDITION:	{	Physical examination. Diseases, disabilities.	{	School record. Trade School record. Conduct record. Hospital record. Visitor's record. Letters written. Punishments record. Requests to see superintendent. Requests in writing to deputy. Labor reports.
		Reformatory		

The examination then proceeds by the psychiatrist's methods of tests and questions, always frank and friendly, but sometimes contradictory and illuminating to the subject. By talking to any boy of home and mother certain emotional reactions could be elicited, but to little purpose compared with the value of observations on his reaction to a contrast of his attainments with his possibilities. The history suggests a wealth of avenues of approach: the reasons for leaving school, an unaccustomed angle whence to view some offense, a probing into regard for truth, reasons for the futility of former incarcerations, plans for future, etc. For obvious reasons the subject's attitude toward veracity and honesty are sometimes brought to light early in the interview. Notes are taken of tests' scores, psychic reactions and questions and answers are quoted. These notes are later typewritten and filed as part of the laboratory case record as distinguished from hospital case records and administrative case records. The interview closes with a hand clasp and a request for at least one letter in not less than five years; since plans suggested frequently involve five years endeavor for self advancement along definite lines. The final step is the making out of the diagnostic card which contains nothing but opinion and recommendation in contrast to the laboratory case notes which contain nothing but reports and observations. From a survey of the findings in each case, revealing both degree of mental efficiency and variety of mental departure, a syllabus may be conveniently prepared.

It will be noted that no scheme of tests is used, no pre-arranged outline followed. Nevertheless tests are applied and

a basis for a psychiatrist's judgment is secured on each of the several mental functions, such as perception, apperception, or grasp, memory, imagination, applied attention, learning capacity, expression capacity, ingenuity, resourcefulness, adaptability, reliability, suggestibility, self-control, persistency for achievement, capacity for self-denial, attitude toward truth and honesty, filial regard, ability to make disagreeable admissions, ability to be guided by reason, etc. Each case is treated as individual, and the order of tests and manner and material of examination is adapted to needs as they develop. By this method a far more effective and lasting impression of the required kind is made than could be the result of any procedure of which the prisoner had a fore-knowledge. One worthy and definite purpose of the psychopathic examination is its social service effect. This would be defeated if men left the laboratory to sneeringly or jestingly or angrily retail what they had experienced. By tying oneself to no scheme, but by sending men from the laboratory with serious, thoughtful faces, men who hasten to their rooms and begin to try and write out for themselves only, the suggestions of the interview as a basis for their plan for their lives for the four or five or six years to follow their release, by emphasizing the importance of a personal application of a knowledge of ascertained individual needs; not only are the needs themselves more certainly found, but the co-operation of the subject in his own rehabilitation is the better secured. In trivial matters the prisoner is not corrected when wrong; but if he defends crookedness or purposes to continue to try to live by "easy money" or excuses lying, he is taught the fallacy of his position and his reaction noted. If in addition to determining the degree of intellectual efficiency any psychopathic examination fails to detect and diagnose a case of, for example, insanity of any kind, epilepsy, congenital syphilis, sex perversion, drug addiction, aboulia, impulsion, depression, mental conflict or one of moral bankruptcy or of character defect; such examination will have failed to realize an essential purpose.

To illustrate more fully the contest of the interview, the closing paragraphs of a former paper may be quoted:¹

"It is more enlightening to the examiner and inspiring to the examined; if, instead of contrasting the members of word couplets not susceptible of a personal application, the meaning

"The Mental Examination of Reformatory Prisoners," *Journal of Criminal Law and Criminology*, September, 1916.

and distinction of such words as 'intention' and 'impulse' or of 'pleasure' and 'happiness' or of 'truth' and 'expediency' be taught and concrete illustrations be drawn from the subject's own career. Treated in this manner the issues of the interview are no longer impersonal and dogmatic, but become animate with life and interest.

"The possibilities of influencing a prisoner's thinking favorably in the domain of vocational guidance are not overlooked in discussing the importance of acquiring industrial proficiency in one or another occupation. Few men are likely to rise above the ranks of unskilled laborers who resist the suggestion of the value of specially trained skill or who shrink from the self-denial involved. Almost all inmates of the reformatory have good intentions, certainly when at their best; but few realize that having good intentions is only the first and least consequential of three steps necessary to reformation, viz: (a) good intentions, (b) the making of a plan by which one may live for a definite period while practising reformation and seeking advancement, and (c) the living of the plan for the time specified. Many subjects can grasp the meaning and importance of these considerations as they are unfolded and illustrated and are really impressed by the teaching that only the first two of these steps can be taken within the walls while the third step, the living of the plan, may be wrought out only after release.

"A man's reaction to the idea that he write out his own plan of how he may live day and evening for say five years while he practises reformation and the learning of a trade simultaneously may reveal the inability or disinclination to react favorably to such a stimulus, or it may rouse the eager enthusiasm of the hyper-suggestible or the quiet flash of the eye or set of jaw hinting at awakened determination.

"A thinking capacity test well adapted to the group under consideration asks how one should proceed who really wishes to make his own the valuable points of the interview, so as to retain them for future use. Very few indeed think of the expediency of writing out at the first opportunity all that can be recalled, yet very few to whom the suggestion is made fail to grasp its significance.

"There are several ways of bringing a man to face the question of whether he is a liar and that without alienating his co-operation and good-will. In showing a subject by the Socratic method that he has or has not unconsciously trained

himself to give those replies on which he thinks he can 'get by' instead of those which are true, the examiner both applies a good test and leaves food for reflection with his subject.

"The question of why so many prisoners lead no better lives after release provokes a variety of reactions, some very poor as well as some very good answers. The examiner's answer to this question is that most men mistake good intentions to 'go straight' as some sort of guarantee against failure, and thus ignore the importance of a plan and of work and self-denial for a definite period in the realization of the plan. This suggestion sometimes lets a flood of light into a mind needing and welcoming such and again the response is disappointing. An act of kindness, self-control or self-sacrifice from the case history may be the point of departure for a search for real motives whether worthy or unworthy.

"The following dialogue quoted from a case record illustrates an attempt to test and to stimulate thinking and reasoning ability without ignoring prisoner welfare: Have you reformed? 'Why, yes, sir.' You intend to reform, I hope; but you really cannot reform in here. Do you know why? 'No.' Because you can't meet the temptations in here that you meet outside. You on the inside could not fight a man on the outside, could you? 'No.' But this is a good place for you or anyone else who ought to reform. How can that be when you cannot reform here? 'I don't see.' The boy in high school is in a good place for him if he expects to go to college, isn't he? 'Yes.' Well, now do you see how this is a good place for one who should reform? 'Oh, yes, a good place to get ready in.' How long will it take you to reform? 'Oh, I can get a job right off and then I'll be all right. I'm going to keep away from the gang.' Let's see, we found you'd been wasting your evenings looking for amusement for the past five years, didn't we? 'Yes.' Well, in how much shorter time do you think you can make up what you have lost in the days and evenings of those five years? 'Well, it wouldn't take five years.' But you can't learn as easily now as you could five years ago, etc.

"In conclusion then the psychiatrist's method of examination with its flexibility in application and inclusiveness as to means employed enables classification of this group of mentalities ranging roughly from imbecility to adult into three or more grades of mental efficiency. As employed in studying the rather rapidly shifting reformatory population it has been

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satisfactory, having enabled the tentative differentiation of the competent, deviate and deficient classes and their subdivision into diagnoses of variety of mental departure with cross-reference to adult, subnormal and segregable grades."

The accompanying tabulation presents the findings of our laboratory examinations for classification of 1,107 cases in the last two years.

Cross-reference Syllabus of PSYCHOPATHIC DIAGNOSES Massachusetts Reformatory, Concord. 1914-16. Grades of Efficiency

Intramural		Adult	Subnormal	Segregable	Total
Descriptive					
Designations					
Competent	Accidental offender	50	1		
	Responsible offender	347			398
Deviate	Recidivist		118	27	145
	Psychopath		150	107	201
	Epileptic		16	9	25
	Congenital syphilitic		16	11	27
	Sex pervert		6	10	16
	Insane			10	10	404
Deficient	Moron		155	77	232
	Imbecile			3	3	235
Unclassified		52	17	1	70
Total:		449	488	170	1107
Percentage rates:		40.6	44.1	15.3	
Included Above	Alcohol addict	152	239	56	641
	Drug addict	9	13	4	26

In addition to and in conjunction with the mental examination outlined and the searching physical examination, individually adapted social service propaganda are imparted by suggestion, illustration and teaching both oral and written, the results of which can not be graphically presented of course. Special stress is laid on the imparting of appropriate sex hygiene information, orally at the physical examination and in the semi-weekly genito-urinary clinics as well as in the psychopathic laboratory and by supplying printed and typewritten brochures as needed.

It is our observation that a judicious mingling of the drawing-out and the imparting process, a blending of the teaching with the analysis in interviewing the fully responsible is not only no detriment to the results of applying either process, but is a distinct advantage to both; since it is the method of paramount excellence for overcoming what is probably the greatest difficulty encountered in the examination of prisoners, that is, the inspiring of full confidence and the securing of spontaneous cooperation. Scientific accuracy suffers not a whit because of the well-chosen admixture of the humane element. On the contrary, a deeper insight is afforded thereby.

In conclusion, then, the method of choice in reaching psychopathic diagnoses for the classification of prisoners is first to secure and check-up all the essential information on the life history of each subject. On the basis of the ascertained facts the subject is examined, taught and tested and his reactions recorded. From these reactions and the deepest insight to be secured by frank, tactful treatment into motives, ambitions, impulses, capacities, weaknesses, desires, resources of control, abnormalities, tics, diseases, incapacities, fallacies of belief, etc., an opinion is reached on the kind or the kinds of mental departure, if any, and on the degree of mental efficiency presented.

FEEBLE-MINDEDNESS AS SEEN IN COURT

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The feeble-minded possibly form the most important single group of which our courts need to take cognizance. They furnish a substantial nucleus to that most expensive body of individuals who clog the machinery of justice, who spend their lives in and out of penal institutions, and furnish data for the astonishing facts of recidivism, facts which have served to awaken our social consciences to the need of more adequate treatment under the law for repeated offenders.

Now the duty of criminal law is the protection of society from anti-social acts; and in this capacity the court stands as one of the greatest bulwarks of society in insuring social welfare. Thousands of individuals are yearly arraigned, charged with various offenses, who are deterred from further anti-social conduct, who profit well by the lessons learned from arrest and detention, or judicial reprimand, or short term sentences, or probationary treatment. Particularly the latter, for probation under modern scientific methods is literally working wonders, doing things which years ago were scarcely dreamed of. As one prominent prison official has put it "probation is fast breaking down prison walls."

But then there remains a very well defined group, who do not profit by the usual methods, who fail to respond properly to any form of treatment, who, on being released from prison, very quickly find themselves again in court; who, when placed on probation, are usually surrendered if not from the first placed on inside probation, that is, within homes and institutions not penal in character; who seem totally unable to adapt themselves to society's laws and customs, and thus are arrested over and over and over again.

A study of this class indicates that feeble-mindedness stands as a causative factor in from twenty-five to forty per cent of cases. In going over a group of one thousand offenders—individuals who were difficult problems and selected by the court and probation officers as needing mental examinations—

¹Paper read at the Annual Conference of the Massachusetts Society for Mental Hygiene, December 13-15, 1916.

I found thirty-six per cent feeble-minded. Let this not be understood as representing the percentage of feeble-mindedness among offenders in general. This study, like other studies coming from penal institutions, was made on a selected group. Under our present system all those believed capable of reformation under probation are given the opportunity.

In consequence we find a much larger percentage of dull and incapable individuals sent to penal institutions than those placed on probation, and, as a matter of course, a larger percentage of feeble-mindedness is to be expected. Such studies are to be interpreted as showing conditions that exist among the group investigated only.

If twenty-five, thirty-five, or forty per cent of selected and difficult problems among repeated offenders in court or among inmates of penal institutions are found feeble-minded, one does not mean that twenty-five, thirty-five, or forty per cent of all offenders are feeble-minded; or that such a percentage of crime is to be explained on the basis of feeble-mindedness.

The fact is that the most reliable work done indicates that not more than ten per cent of offenders in general are feeble-minded; but this ten per cent gives almost as much trouble as all the rest put together. It is this ten per cent that forms the very backbone to recidivism; whose treatment has been so unintelligent, so expensive and so futile. All because society has yet to recognize their needs.

It is with the idea of telling you about these feeble-minded people, as one sees them in court, that I have come here this evening. The case histories of one hundred feeble-minded individuals were taken from the files, and here are some of the data they contain:

All showed sufficient deviation in childhood to have warranted an early recognition of their condition and the institution of proper remedial measures to prevent careers that could with reasonable certainty have been predicted. The following table indicates their ability to profit by the training afforded them in the public schools, bearing in mind that the majority of these individuals started to school at the usual age and quit at 14, 15 and 16 years.

TABLE REPRESENTING GRADE REACHED IN SCHOOL

Grade	Primary	1st	2nd	3rd	4th	5th	6th	7th	8th	Date not obtained	No school- ing at all	Total
Per cent	4	11	4	12	14	23	11	9	7	3	2	100

Twenty-seven per cent were able to get beyond the Fifth Grade, whether by their own efforts or whether forced up from year to year in order to get rid of them I do not know. However, these figures will bear carrying in mind in connection with some tables that are to follow. Sixty-eight per cent of our cases were never able to get further than the Fifth Grade and showed by the poor character of school work their unfitness for the training society demanded of its future citizens, giving early promise of that mental handicap which later on demonstrated itself in an inability to compete on equal terms with their fellows in the more strenuous struggles of life. Recognized as failures in that institution which is supposed to train men for life's battles, these unfortunates are set adrift in early adolescence to earn a livelihood. The following table will show how well this was accomplished:

TABLE OF ECONOMIC EFFICIENCY

Employed Per cent	Regularly employed. 4	Irregular employed. 21	Odd jobs. 28	Work at home 13	Do not work at all. 34	Total 100
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Seventy-five per cent are not self-supporting. Twenty-five per cent could be considered as definitely self-supporting. Is it any wonder that being so economically unstable they drift aimlessly through life, falling into the hands of charitable organizations, criminal courts, penal institutions, alms houses, and such?

And this is not all, for not only are they incapable of measuring up to the economic standards set by their normal fellows, but likewise are they unable to appreciate their obligations to the order of society; and, consequently, fail to obey its mandates. And so they come before the Bar of Justice. Now that same lack of learning capacity, that same inability to profit by mistakes—as demonstrated so forcibly in their failure to advance in school and later to earn a livelihood—again crops out in their inability to profit by the usual treatment meted out to offenders in court.

If put on probation, they have to be surrendered or placed on inside probation in the House of the Good Shepherd, the Welcome House, and such. If sent to prison, on being released they soon again appear in court to re-enact the same process over and over.

The following table of arrests will give some idea of the frequency with which the machinery of the court is called into use for handling these individuals. Bear in mind that all of

these records are recent ones and that most of the individuals had old records which were not gone into, these sufficing very well for the purpose in hand.

TABLE OF ARRESTS

Drunkenness	1,436
Offenses against chastity.....	163
Larceny	45
Assault and battery.....	11
Vagrancy	4
Carrying revolver	1
Breaking glass	3
Profanity	2
Common brawler	1
Possession of drugs	8
Stubborn child	1
Surrenders	150

Total 1,825

This averages 18.25 arrests apiece. The futility of any method of treatment is demonstrated by their apparent inability to profit by what is done for them and the unfailing certainty with which they return to be handled over again.

No matter what is tried, the effect seems to be the same. If released by the probation officer, soon they are back again. If brought to court, reprimanded by the judge and their case put on file, soon they will appear in court again. If put on probation, their chances of completing it successfully are so small as to be almost negligible. If sent to prison, they are again locked up within a short while after being released.

The two following tables will indicate some of the methods of treatment tried by the court:

TABLE OF PROBATION

Number of times placed on probation.....	432
Average	4.32
Number of times surrendered.....	220
Average	2.20
Number of times on inside probation.....	118
Average	1.18

These one hundred feeble-minded individuals were placed on probation four hundred thirty-two times; one hundred and eighteen of these were what is known as inside probation, that

is, they were put within the House of the Good Shepherd or the Welcome House for the entire period of their probation one hundred eighteen times.

Three hundred and fourteen times they were tried on outside probation, secured employment, given every chance to make good, and helped wherever possible; but had to be surrendered two hundred and twenty times. In short, out of the four hundred thirty-two probationary periods, they did not quite average one successful probation apiece.

Considering these one hundred cases, the chances were better than four to one against their being able to conduct themselves normally for a six-months' probationary period.

The court also tried penal treatment in these cases, as the follow table will show:

TABLE OF PENAL TREATMENT

Number of sentences.....	735
Average each	7.35
Length of time sentenced.....	106 years
Average each	1 year+
Number of indeterminate sentences.....	250
Average each	2.5

Seven hundred thirty-five sentences were imposed, or 7.35 each, amounting in fixed time to 106 years, not including 250 indeterminate sentences, such as State Farm and the Reformatory for Women, where the time to be served is not fixed, amounting to periods of several months, more or less to each sentence. Now this is not the worst of it all. These same individuals continue piling up records, and a veritable vicious circle is created.

Finally as an adequate explanation of all this social mal-adjustment, incapacity in school, inability to earn a livelihood, lack of appreciation of their obligations to the order of society, and incapacity for understanding and measuring up to the social standards of fully grown men and women, the following table is most significant:

TABLE OF MENTAL LEVEL

Age—	7 to 8 yrs.	8 to 9 yrs.	9 to 10 yrs.	10 to 11 yrs.
Percent—	4	30	41	25

Though all were adult in years and physical development, 75 per cent had the mental level of children below ten years. Now this taken in connection with the fact that 75 per cent

were not self-supporting and 73 per cent never got further than the Fifth Grade in school gives us a group consisting of about three-fourths of our cases, which, it seems, would have been more profitable for society to have recognized years ago and to have saved all this economic waste, protecting itself—as well as these individuals—from their own weaknesses, making them happy and useful in a limited environment created for their special needs.

By failing to do so the mental arrest from which they suffered has become so firmly fixed that all possible chance for improvement is lost, for there was a time when a chance existed in each and every one of these cases for some advance along the lines of proper habit training.

But, even as it is now, it is worth more to society—as it is clearly more economical and undoubtedly more humane—to provide proper hospital and other treatment suited to the needs of these individuals than to go on locking them up in jails and turning them out again; and then locking them up and turning them out again; and repeating the process over and over.

By failing to interpret correctly the condition of these weaker members, society has acted irrationally, to say nothing of the humanity side of the question. Because of society's failure to provide proper facilities to care for these individuals our courts must go on committing to penal institutions offenders whose central nervous systems are so conspicuously undeveloped as not to be capable of adapting themselves to the conditions of normal life.

THE TYPE OF FEEBLE-MINDED WHO CAN BE CARED FOR IN THE COMMUNITY¹

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There has been a gradual reaction against the old and harsh methods of dealing with all classes of moral and mental defectives and delinquents. The growth of knowledge in the community of the close relationship of mental diseases, mental deficiency, crime and poverty, has displaced the early methods of resort to physical punishment and later, the method of segregation of the individual, and in their place has grown up a broad sympathy and willingness to study the individual whose reactions are not entirely in accord with the best interests of society.

A few years ago the probation system, of which this state can now be justly proud, was unheard of. During this last year Massachusetts has placed on probation more than 28,000 people; that is, has permitted this number of individuals to lead comparatively normal lives in the community at a great financial saving to the state, to say nothing of the saving in self-respect to the individual, the family and the community for the present and for the future.

In the treatment of the physically sick, hospitals are necessary; but the whole treatment is directed toward returning the individual to the community. In the modern treatment of the insane, large hospitals are necessary; yet in this state, under the supervision of the various hospitals, many patients are successfully boarded out with families. Also there are large numbers of the insane who recover and resume their normal activities. Then, in Massachusetts, there are no state orphan asylums, thus again showing the growth of tolerance in the community towards its unfortunates. If we were to follow the light of the first flash in the pan ignited by our "Eugenic" friends (to whom we are greatly indebted for throwing much light upon the whole problem) it could very plausibly be argued that for the betterment of society, anyone convicted of crime should never have his freedom. Any person who has been adjudged insane should be permanently incar-

¹Read at the Mental Hygiene Conference at Boston, Dec. 15, 1916.

cerated; any person who has been physically seriously ill, should not again take his place in society; any child who has been so unfortunate as to lose his parents and thus become a public charge, should remain in custody; it being possible in any of these cases that the defective germ plasma of his progenitors which, perhaps, is the cause of his own misfortune, he himself carries and possibly may transmit to his offspring. But with our growing regard for the individual and belief in the individual and his rights, our conscience at once revolts against such extreme measures. When the eugenic light was turned on this problem, it would not have been surprising had the social worker in his search for a solution of so many social problems, advocated wholesale segregation of unfortunates of all kinds. Instead, he is giving more earnest endeavor to the study of the individual, applying all the tests of modern research in his desire to do what is best for each individual case. It is impossible to study this subject without recognizing that that which is for the best interest of the individual is also for the best interest of the community. Therefore, the ground is very safe on which is built a system that has for its first aim the interest of the individual.

There has never been a time when so many activities have been intelligently directed towards the betterment and improvement of the individual who, for any reason, is not reacting normally in the community. When it was determined how large a factor heredity is in the cause of mental defect, it was but natural that the community should turn towards the idea of segregation as a great means for the prevention of mental deficiency. The segregation idea is most important and there is little danger of its being too strongly emphasized. The need for more institutional provision for the care of the feeble-minded in this state, is most apparent. With the knowledge, however, of the part that heredity plays in the problem of the feeble-minded, yet so strong is the desire in the heart of every parent, guardian, judge, teacher, minister, physician and social worker, that every child shall remain in and be a part of the community, that there have not been presented for admission to the institutions any cases of the higher grade types until all means of their remaining in the community have been exhausted. There are, indeed, hundreds of applications for admission on file at our institutions at the present time that show that the only chance for these boys and girls is in the pro-

tection and education that an institution affords as well as for the protection of the community itself.

With the large number of feeble-minded in this state, it can not be considered a practical solution of the problem, however, to segregate all of them in institutions. In fact, such a course, if it were practical from a financial standpoint, would be neither necessary nor desirable. The institution, important as it is, must be considered but a factor in the solution of this problem.

There are large numbers of the feeble-minded in the community and there always will be large numbers in the community, even after most liberal institutional provision is made. Therefore, it seems that the most practical thing to do is to make still more liberal provision for them and aim at a better understanding of how to safely care for the feeble-minded in the community.

In considering what class of feeble-minded individuals may safely remain in the community, it is of more importance to study what communities are safe for the feeble-minded. Most communities have certain conditions that make them unsafe for any unsupervised feeble-minded person. Much more depends on the community than on the individual. All feeble-minded persons depend on others for either their proper or improper social reactions. No feeble-minded person has good judgment or can properly adjust himself to his environment. He is dependent on others to properly order his course for him. The majority of feeble-minded are not vicious but are simply drifters—easily influenced for good or evil. It is, therefore, impossible to pick out a feeble-minded person and say that he will do well in a community for his reactions will depend upon the influence to which he is subjected and the only safe prediction that can be made for his welfare must be based upon knowledge that he will receive proper supervision.

Without special training the feeble-minded person cannot learn to perform the ordinary duties that the normal child naturally picks up and, for this reason, we find in the community large numbers of feeble-minded persons who cannot perform satisfactorily the simplest activities. After he has tried this job and that, only to find that he is a failure, is it any wonder that he becomes a serious social problem? How many normal people could continue to react normally in the community if they were robbed of the great opportunity of industry?

With the spread of knowledge of the feeble-minded problem, there has been a great demand for increased provision by the school systems for special classes. These classes are becoming powerful factors in the solution of this problem. The teachers for these classes are selected for superior ability. Their remuneration is greater than that of teachers of the ordinary grades, thus giving permanency to their work, making it possible for a teacher to have the same group of children under observation for a period of years. These classes, all under the general supervision of a trained supervisor, and under medical supervision that is provided, make a most excellent organization for caring for the defective children in the community. They are giving these children the advantage of an education such as is provided in an institution with the advantage also of receiving home care. They are also extending their activities in some degree beyond the school by assisting these boys and girls in securing positions and, in some cases, carrying supervision to them in their work. These classes also provide a splendid opportunity for the study of the social reactions of these children in the community, a side of the work that it is impossible for the institution to perform. The supervisor of these classes thus has the opportunity to arrive at a fair conclusion as to what children should have institutional care and what children have fair chances for leading harmless and, possibly, useful lives in the community.

With the extension of this movement for special classes until every school system of any size has sufficient number to accommodate all children with mental defect, it would seem that the larger number of children with ordinary mental defect could be safely protected and educated in the community. It is, however, with the advent of mature life, that the more difficult problems of dealing with the feeble-minded in the community arise. The adult feeble-minded are more difficult to control than the children, due to the more complex social relations into which they are thrown, but chiefly to the failure of the community to disassociate age and responsibility and make proper provision for the supervision of the irresponsible.

This state has already taken a census of its feeble-minded. Would it not be desirable for the Commission on Mental Diseases to keep a permanent registry of all the feeble-minded in the state and work out a system whereby it can place them all under intelligent, co-ordinating supervision? It would be necessary to have a corps of trained workers selected, prefer-

ably, from institutional employees and teachers of the special classes, a group of workers who have lived with, worked with and who know the feeble-minded. These workers could follow defective children leaving the special classes and give them a kindly oversight and supervision that would largely insure against their becoming harmful agents in the community. The feeble-minded most in need of institutional care could better be determined. The institutions could also perform a larger service by co-operating with the community in the way of admitting those most in need of institutional care and placing out in the community many trained cases, were it possible to place them under the supervision of trained workers—those who know the danger signals of the feeble-minded and who have authority to remand to the institutions.

At the present time we are touching the problem only in spots. We are training and caring for the children in the special classes to a certain age and then turning them out into the community—large numbers to become social problems because they have no longer intelligent supervision. There are already hundreds of social problems of feeble-minded who need institutional care but for whom there is no provision. There is no doubt that many of these problems could be prevented if there were room in the institutions where some of the children leaving the special classes could be placed for a time and thus supplement the work of the special classes by tiding these children over, perhaps, an especially critical period in their lives, and while doing this, teaching them a useful occupation and placing them later in the community and still carrying to them the supervision they need.

The activities of the various organizations are based upon the expectation of normal reactions by the individual aided. Therefore, too often are their agents applying the same methods with the feeble-minded person that they use so successfully in dealing with the normal persons, and, consequently, expecting the same results only to be disappointed time after time with the results obtained. The feeble-minded appear as a foreign body and a check under the wheels of their activities.

If it is necessary to make special provision and select a special group of teachers to supervise and educate the feeble-minded children, it is even more essential to make special provision for the supervision of the adult feeble-minded population in the community.

The feeble-minded problem, although closely associated

with the various social problems that the organized societies are dealing with, is still a distinct and separate problem that can be best handled by those who are trained with the feeble-minded.

If the authority of the central commission were increased so as to take under a trained supervision all the feeble-minded in the community, it would have the effect upon the various organizations of liberating a tremendous amount of their energy that is now consumed by the feeble-minded problem.

It would be quite possible to summarize a class of the feeble-minded that we think would safely get along in the community, such as young children, the lower grade cases if provided with physical comfort and care, the male perhaps, more safely than the female, the girl who is not the possessor of physical beauty, the child who has a good home, and others, but this would all be but a guess on individual cases.

In closing I can only say that the number of feeble-minded that can safely be cared for in the community is in direct ratio to the supervision that the community is willing to provide, and I believe this could be most easily effected through the extension of the authority and activities of our Commission on Mental Diseases.

THE FUNCTION OF SPECIAL CLASSES FOR MENTALLY DEFECTIVE CHILDREN IN THE PUBLIC SCHOOLS¹

ADA M. FITTS, Supervisor of Special Classes, Boston Public Schools.

Along with the many closely related groups that are working to find a solution of the ever-increasing and urgent problem of the mentally defective, public school authorities all over the country have come to see the need of providing training for pupils not able to make good in the grades.

When a child is late in walking and talking and does not go to school at the usual age, when he does not develop in the kindergarten in a normal way, when he enters the primary grades and in spite of faithful work on the part of the teacher, repeats the first grade and perhaps the second—he should be reported to the proper school authorities. If, after careful examination, the pupil proves to be in need of special class work, he should be placed where he can be given the individual attention he requires and the form of training that is educational for him.

Probably between two and three per cent of all the children in the elementary schools are unable to profit by regular grade work. We may subdivide this group of mental defectives as follows: first, those who are of such low grade mentality that they should not be kept in the public schools at all, but should either be kept at home or placed in the institution; second, mentally defective children who show marks of an abnormal mental condition and who have been found nearly or quite unimprovable under ordinary classroom instruction; third, normal but very dull children who are nevertheless not beyond the reach of classroom instruction skilfully administered.

It is not often possible to distinguish these children from the normal pupils, for the normal may look dull and the high grade child may look bright. We must not judge by appearance. The decision should be made by a trained expert and not by an experimenting amateur. The special classes are designed for mentally defective children who have been found nearly or quite unimprovable under ordinary classroom instruction.

¹Read at the Annual Conference of the Massachusetts Society for Mental Hygiene, Boston, December 15, 1916.

tion. The function of such classes is first: to educate the community and the teacher of normal children; this must largely be done by the teacher of the special class. Miss Cheney's work in Springfield is one of the best examples of how a wise teacher may secure the co-operation of the public and provide a definite plan of awakening community interest in the problem of the feeble-minded of her city.

The second function of the special class is to seek out the children for special class instruction and help them. Someone has said: "A teacher is a discoverer of girls and boys, discovering their powers and latent possibilities; discovering also their lack of powers and latent possibilities of the better kind and devising ways and means for making up this lack."

In every classroom there is a group of children who are not to be promoted—"hold-overs" or "repeaters"—those who are not able to keep step with the rank and file of children. Some of this number are deficient because of prolonged absence from school, serious illness or inattention, but after these are eliminated, there still remain a few children over which principal, present reformer and teachers all ponder. The teachers who have had the child in their classes all agree that there is something queer about him. The kindergartner remembers the trouble she had when he first came to school. She remembers how he has never played, was listless or inattentive. The first year teacher remembers him as one of those who was a drag on her class for one or maybe two whole terms and knew but little at the end of that time, although she had worked harder with this one boy than with a dozen bright boys.

The special class teacher should be on the lookout for these "suspected" defectives. With the co-operation of expert physicians and psychologists she soon learns that the children are really defective and in the special class she tries so far as possible to develop the child.

A third function of the special class is to relieve the grade teacher who gives a large part of her energy to the few mentally defective pupils with no material benefit to such children and to the great disadvantage of the normal pupils. A Boston teacher writes:

"The following is a brief statement of the demoralizing effect upon my class caused by the retarded pupils. On account of their mental deficiency it is impossible to secure from them either attention or interest in the regular school work. It follows that they cannot be kept profitably employed; this re-

sults in frequent acts of disorder. They occupy themselves by whispering or annoying other children. The discipline of the class is thus rendered very difficult. The normal children do not realize that these special children are not really responsible for their naughtiness and the listlessness is often contagious. The loss of time entailed by attention to frequent cases of discipline is a real injustice to forty normal children. They not only lose actual time which should be given to teaching, but their attention as well as the teacher's is distracted from the lesson.

"To sum up the situation, I should say that the four mentally defective children in my class gain nothing by being there. They are, however, a serious drawback to the class as a whole."

A principal of this city writes:

"It is a vital necessity that the defective children in the regular classes be removed and placed where they can have special care. Where they are now, they are a constant menace and a hindrance to the other children in the class. I found six of these cases in one room recently and had the teacher not had remarkable self-control, patience and common sense, she could not have borne with them plus her other work. I believe there is no other question so vital to the good of our elementary schools as what shall be done with this class of children."

A fourth function of the special class is to secure justice for the feeble-minded as only in such a class can we do our best for these children. We should realize the unhappiness that the pupil must suffer who is unable to profit by experience or to adapt himself to life with the normal. One of the most pathetic things I have ever known is a composition written by a mentally defective girl of fourteen trying to do third grade primary work in a Boston school. It is as follows:

"THE STORY OF MY LIFE

I am a girl who would like to have more brans then I have got because a branns is a very good then to have to work by and to see by and to hear by. Some peoples have a very good brans and some pepoles have very sleepy brans indeed but I would like a smart brans. I would not like to have the brans that I have got any longer."

Not all defective children realize this difference but I think many are conscious of their inability to make good when in competition with the normal.

Again, we should, through the special class, secure justice

for the parents of mentally defective children. They are troubled by the failure of their child to make good in the grades; sometimes they will not admit that there is backwardness; sometimes they blame the teacher; much more often they promise help and co-operation; but after a time they reluctantly admit they are helpless. At this point they may be brought to see the value of the special class, to realize that there their children are better cared for; so instead of opposing they come to request that the opportunity be given them.

Finally, the function of the special class is to secure justice to society for it is a matter of social justice that the feeble-minded be recognized early and treated according to their needs. The problem of the mental defective is one of the great sociological and economic questions of modern times and it needs the co-operation and help of church, school, medical society, charity bureau and social workers.

These, then, are the arguments for those who question the wisdom of the special class. If you are convinced that it is the function of such classes to help to educate the grade teachers and the public, to protect normal children and to attempt to secure justice for parents and society, then surely a great responsibility rests with the special class teacher. Dr. Fernald says: "No merely routine teacher can do this work." Training along conventional lines has failed and it is necessary to discover the special aptitudes of the pupils and to develop them. The teacher should not be mechanical, but vital and adaptable; she should know how to deal with individuals, she should help break bad habits and form good ones and train to obedience; for when these children reach the world of workers, as many of them will, they must obey or suffer serious consequences.

The teacher must keep her perspective and not expect the development of years to come in days or weeks; she must always be growing professionally. It takes a good physical health and splendid courage to attempt to turn out wholly or partially self-supporting boys and girls who (had it not been for the special class teacher) would have been hopelessly overcome in the struggle of life. Such teachers should have the support and co-operation of all, and need and deserve a full measure of praise for what they are attempting to do.

To the special class teachers, I repeat the message given in an article in the November number of the *Ungraded*, a magazine published by the teachers of mentally defective children

in New York City, and one that should be read by all who are interested in this problem.

"To you it is given to open the eyes of the mentally blind to at least a little light; to unstop ears that are deaf to the appeal of ordinary classroom work; to help children so crippled that without your help they can never hold their own in the race with their unhandicapped fellows; to enable these crippled ones to stand erect and to use even their crippled powers to earn an honest living. Through you, at least a few of the beauties of the gospel of life are being brought to these children too poor to purchase any of life's luxuries, or even to buy protection from the world's fierce buffetings."

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EDITORIAL

A. C. Rogers, M. D., L. L. D., superintendent of the Minnesota School for Feeble-Minded and Colony for Epileptics almost since its founding, and editor of the Journal of Psycho-Asthenics from its beginning in 1896, died January 2, 1917. For some time the Journal was the only periodical in its field in English. It has been a potent stimulus to the study and observation on the different aspects of feeble-mindedness and epilepsy in a period when thought and effort were being directed much more to the building and developing of institutions than to a scientific study of the nature and needs of the inmates. To the service of its editor, to whose efforts alone its existence was mostly due for many years, is due in a large measure whatever progress has been made in America, as well as the much-widened popular and scientific interest in the feeble-minded today. The Journal hopes to publish a brief biography later. For the present it will be edited by F. Kuhlmann, former assistant editor.

MINUTES OF THE ASSOCIATION, 1916.

The fortieth annual session was held in association with the sessions of the Section on Feeble-Mindedness and Insanity of the National Conference of Charities and Correction at Indianapolis, Indiana, May 11th to 17th. The first meeting was called to order at 9:15, May 11th, at the Second Presbyterian Church with Mr. Johnstone (Vineland Training School) in the chair. The program was as follows:

"The Relation of Feeble-Mindedness to Other Social Problems," Helen MacMurchy, M. D., Inspector of Feeble-Minded of Ontario.

"The Need and Value of a Commitment Law for the Feeble-Minded," Dr. Edward H. Ochsner, President Illinois State Charities Commission, Chicago.

"Feeble-Mindedness Among Adult Delinquents," Dr. T. H. Haines, Ph. D., Clinical Director Bureau of Juvenile Research, Columbus, Ohio.

"Mental Defectiveness and Crime," Dr. Hickson, Psychologist, Laboratory of the Municipal Court of Chicago.

"Institutional Development and Construction," Dr. Charles S. Little, Superintendent Letchworth Village.

General discussion.

Reports of committees.

In the absence of Dr. MacMurchy, Dr. Ochsner's paper was the first one read. His paper discussed this question in relation to recent Illinois legislation on such a law. Being asked what he thought of the plan of placing feeble-minded out in private families, he expressed his disapproval of that plan.

Dr. MacMurchy's paper was read next by Dr. F. R. Johnstone (Vineland, N. J.). Mr. Johnstone remarked that we knew relatively little about feeble-mindedness, but that it was enough to act, and laid stress on the need of action. Dr. Johnston concurred in this opinion, and referring to the first paper read, remarked that having a commitment law was not enough. Dr. Ochsner granted this, and added that he regarded the Illinois law only as a "sign board" showing the direction in which to go.

Dr. Haines' paper was read next, followed by Dr. Hickson's. A general discussion followed.

Question: Dr. Hickson mentioned the fact that some

head of an institution had made investigations on the feeble-minded and had found a simpler method of diagnosis than anyone else, but he did not give the man's name or his system. Can you give this in a few words?

Dr. Hickson: This man was a judge in Pontiac. His argument was wrong, and he has not held to his opinion for some time. He was new in that work, and asked me to make a survey of his institution. We put it off, and he finally published his report. This gives the percentage that are feeble-minded as he gets them. He concluded that of the children sent from our court only two per cent were of average intelligence. His records were taken from school records, personal history, and from observations in the shops and around the reformatory.

Question: Now that the placing out system has been proved to be the better, should we be willing to do away with it and go back to the old system?

Dr. Bernstein (Rome, N. Y.): By no means. We hear a great deal about a clearing house for orphans. We should know who the normal children are and place them in normal homes. This means that we must work towards some system. We should begin with the inspection of classes in the public schools, and go into the orphan homes before we place out orphans.

Question: Shall we not consider the family history as the basis for determining the child's normality in the case of the small child? We in our own state ask the Board of Children's Guardians to allow no child to be adopted until its history is found out.

Mrs. Beck (Indianapolis, Ind.): Suppose in the orphan asylums there are children that are not normal. They cannot be placed in homes. They cannot be kept always in the orphan home. What are we going to do with the children in our orphan asylums that are not normal?

Dr. Bernstein: Provide individual homes for them. The state should set aside a certain amount for the foundation of homes for subnormals; they need a different line of training or treatment. The sub-normals constitute about three special classes in one of the public schools in New York. I think one of the important things to consider is the question of temporary feeble-mindedness. A feeble-minded mother is committed to an institution. The baby is sent to the Board of Children's Guardians to be placed out. A large number of these

feeble-minded are placed out before the test is possible. This should not be done. There must be some place to put these children of feeble-minded mothers.

A Member: We are just trying a plan in Illinois, by asking that the children be left with the mother until the mentality of the child is determined. The child has the early care of the mother.

Dr. Bernstein: I think that children should be given a normal environment instead of an abnormal one. I think that a great many of these children are morons. I feel that many of these morons, both boys and girls, can be self-sustaining under the supervision or direction of the state. If we are going to put these children in an abnormal environment from the time of their birth they will not be saved.

Question: By supervision, do you mean institutional supervision?

Dr. Bernstein: By this institutional supervision, I mean something in the line of visiting oversight of the individual when controlled or placed.

Question: We should like to hear from Dr. Hickson as to by what method he proposes to care for this unfortunate two per cent that he mentioned. He can't send them all to Pontiac, but possibly he has worked out some plan.

Dr. Hickson: It was simply a colony plan. I got to know these boys very well from day to day in the court. I have thought that in Illinois we have lots of bad lands, where we could build temporary colonies. As Mr. Johnson knows, they run away, but of course not in large numbers. We have them in Dr. Leonard's institution. However, I think they can be handled in special employments around an institution, and as to preventing an escape, I think that we could think of various methods. The Germans and the English have the walls parapetted, but since these children are feeble-minded not through their own fault, I think that we should make them as happy as possible, therefore we are going to liberate them, get them away from high walls and dungeons as in barbarous times. If they do escape, well and good. If they act too bad you will have to shut them up. If our holdings are correct, before a great many years these feeble-minded will be so reduced that we can take care of them. There is hardly a boy in Chicago who is a moron who is not given very careful consideration or does not get into the police court. They have been in the school at Pontiac and every effort made to make good citizens of

them. You can't do that. Some of these cases may get along well under supervision. We think the probation system might be operated. Personally, I don't think the parole system is going to work out. At the same time, since we are all so new in the field, I think it should be tried.

Dr. Smith: I want to say a word in behalf of the institution with delinquent morons. These morons run away. It is not because the institution is not well managed.

Dr. Emerick (Columbus, Ohio): I have been very much interested in this meeting. If I understand Dr. Hickson aright, he found about eighty per cent of those that he had to deal with were feeble-minded. I have been making a very careful study of the feeble-minded during the past few months. This year I wish they would tell us if the cases we have are not feeble-minded what we should do with them. The problem of caring for the moron boys is not so great as that of moron girls. Boys can be placed out on farms and taken care of, but it's hard to do farming with girls; it's a hard proposition. They work very hard, too. We have a department for the care of delinquent girls. We have two distinct cottages. I have some seventy of them. They have been steeped in vice. I want to mention one girl particularly. This girl has no moral sense. She tells about her practices like a child. She has been arrested fifteen or twenty times. The last time she was arrested, she got into a house and saw a suit. She must have that suit to meet a gentleman at the Hollenden Hotel, so she stole it. Her only regret at being arrested was that she could not keep her appointment. She would talk to anyone about her moral conduct just the same as a child. What are you going to do in a case of that kind? You cannot receive them in an institution for the feeble-minded.

So far we have met this problem by keeping the girls busily at work. It is simply a matter of keeping them busy. They are far happier. They are willing to do the difficult things. They take pride in doing their own laundry work and having their dresses look a little better than the others. It's a little institution by itself kept entirely separate from the larger institution. They do not come in contact with the other girls. How long we will keep these girls happy is a problem. I wouldn't be surprised if we would have an upheaval, but so far we have not. Many of these girls from all scientific tests would test normal; however, they are morons, and in many ways just like a child. The only real test is to live with these

children, and study them, and you have to know them thoroughly in order to tell whether they are feeble-minded or not.

Dr. Bernstein: Couldn't these girls be made self-sustaining by doing laundry work by the day? They do their own laundry work; couldn't they do it for people outside, for money?

Dr. Emerick: They could do that under supervision, but we could not control them outside of the institution.

Dr. Bernstein: But they can be made self-sustaining. There are probably a large number of girls scattered about that should be taken care of. Those that are at large, the morons, could be made self-sustaining in an institution properly adapted for their care. It wouldn't be a great expense to gather the ones that are scattered, and in an institution they would soon be self-sustaining.

Dr. Leonard (Lincoln, Ill.): I was wondering if we couldn't grade upon that basis a certain mental age, say those above twelve, insane, and those below, feeble-minded. I have a boy at the present time that we discharged from the institution. He grades about twelve years. He was sent home because he was not feeble-minded. The people at home wouldn't keep him. The court then sent him back to Lincoln. The law says they are feeble-minded when they are not capable of taking care of themselves. This boy is capable of taking care of himself and could be trusted to take care of himself. It seems to me that we could agree upon some maximum age, say twelve or fifteen years. I understand Dr. Haines to say that twelve or thirteen is the limit of mental age. If we can agree upon twelve years, let's do that, or have some other mental age that we can agree upon.

A Member: Would it not help the Association generally and people throughout the United States if there were a little investigation and mental study of the child made in the schools? We should realize that books are not the only educational force, that there are other things that are just as important. Thomas Edison spent just two years in school. There was one thing that he could learn, and he learned it thoroughly. May there not be other things that other individuals can learn? The brain is made up of cells. We do not all have the same cells. I could learn one thing, you could learn another. There are children that come into the school who have not these particular cells in the brain. We ought to provide for them, give them something that they can do, and

they will always be happy. This gentleman on my left said he didn't know how long they would be able to keep these girls happy. I say always, if they find the proper thing for them to do. Everybody likes to do some one thing. That some one thing ought to be given to these children to do.

Dr. Haines: It seems to be that despite the apparent discrepancy as to what is feeble-mindedness, there are certain fundamental things on which we will agree. We all know that there are a large number of our delinquents who are feeble-minded. It is the sane tendency to check their growth. It is the height of foolishness to go on marrying them year after year. But there is a large group of delinquents whom some people will call feeble-minded and some will call insane, and some will say that it's just cantankerousness, devilment. We all of us recognize that the effective way, the scientific way to judge the problem is to apply all the scientific means at our hands. Our matron at Ohio penitentiary tells me they are all crazy. Unfortunately, that doesn't accord with the idea of the superintendent of the hospital for the insane. It wouldn't do any good at all to send that pupil up to the Lima Hospital which is for the criminally insane. We did send about one hundred up there and fifty of them came back after a few months. It doesn't make any difference what we call them; the facts we want to get at are what they are. These mental measurements such as Binet introduced are of great value. We recognize that they are the best means put in our hands here for measuring mental capacity. It's incumbent upon us to devise more means of measuring mental capacity and get finer insight into the character of these people. We want places to keep them, whether it means an institution for feeble-minded or such an arrangement as Dr. Emerick has in Ohio for the delinquents who have by tests been proven feeble-minded. They are morons and moral morons and they are the worst women in the community. They are feeble-minded. Whether we have them in such institutions or on the farm where they can work at agricultural pursuits is a question for the state. Something must be done, for it brings before any state or any community a large problem.

Question: How do you prevail upon parents of these children to recognize the defectiveness so that they can be committed?

Dr. Johnson: We do not have a commitment in New York; we have an admittance, entirely by application. How-

ever, I might say that we now think a commitment law very necessary, because after having studied a number of family centers, we find in three or four or five of them, twenty or fifty or a hundred in the family life today, and only one in the institution, the rest of them in the last five years going into the world. We are beginning to think we ought to have a commitment law and clean up on the whole state.

Dr. Dwyer: We in Illinois have a law for the commitment of the feeble-minded. We called in the people in Illinois who are interested in the feeble-minded. The State Society drafted a bill and sent me to Springfield to lobby for it. The governor said, "We do not want a commitment law. They might get my boy or your girl." I assured him that I didn't think there was any danger of that. I did not have any encouragement from any source when I set out to lobby, but we had a favorable vote in the house. In some way it got through the Senate. The governor signed the bill and it became a law. The only difficulty was an appropriation. We will get that next legislature. Every state in the Union can get such a bill, and you will have no trouble in getting commitment. The people who have money and can care for their own children, no law would compel them to send them there. That is easily managed. We think at least we have accomplished a great deal. Just now in Mississippi they are introducing a bill that reads almost exactly like the bill in Illinois.

Adjourned.

MAY 12TH.

A general business meeting was called at 10 A. M., at the Second Presbyterian Church, President Bernstein in the chair. In the absence of Dr. A. C. Rogers, Secretary-Treasurer of the Association, Dr. F. Kuhlmann, Faribault, Minn., was appointed Acting Secretary-Treasurer, pro tem. The following were proposed for active membership:

Dr. Bibb, Texas; Alice C. Hinckley, Richmond, Va.; Dr. Shaw, Craig Colony; Dr. F. J. Russell, Brandon, Vt.; Dr. Wilson, Alfred University. A motion to elect these was carried.

Dr. G. S. Bliss (Indiana) invited members of the Association to visit the Indiana Institution for Feeble-Minded at Ft. Wayne. He also brought up the question of re-organization of the Association, especially with reference to holding meetings with other Associations and Societies, and the publica-

tion of the Journal of Psycho-Asthenics. The Chair called on Dr. Smith (Godfrey, Ill.) to speak on this subject. Dr. Smith thought the Association was growing and was getting almost too large for any institution to entertain during its sessions. He favored the publication of the Journal of Psycho-Asthenics by some publishing house. Dr. Bernstein named several organizations whose officials had suggested meeting in joint sessions with the Association, and others with whom he thought joint sessions might be arranged with profit. He favored meeting once about every three years with some medical association and suggested the appointment of a committee on re-organization. Dr. C. D. Little (Thiells, N. Y.) moved that such a committee be appointed. Mr. Johnstone (Vine-land, N. J.) seconded the motion. Mr. Johnstone favored meetings occasionally at institutions for active members only. He suggested that the committee be given a year's time in which to report. In regard to the publication of the Journal of Psycho-Asthenics, Dr. Kuhlmann (Faribault, Minn.) stated that the chief difficulty was lack of material, which would not be removed by simply changing the place of publication. Dr. Bernstein suggested that a paid assistant might be added to the editorial staff to look after a review department of the Journal. The Treasurer's report was then called for and read. The motion for the Chair to appoint a committee on re-organization was then put and carried. Dr. Estabrook (Eugenics Laboratory, Cold Springs) was proposed for membership and elected. The business then adjourned for the regular program at 11 A. M.

The regular meeting was called at 11 A. M., by President Bernstein. The program for the day was as follows:

FRIDAY, MAY 12TH.

"Should the Sexes Be Separated in Distinct and Separate Institutions in the

a. Schools?

b. Custodial Homes or Asylums?"

General round table discussion.

"Should a State, large or small, attempt to plan a colony system for the care of adult feeble-minded, epileptic and chronic insane, one or more or all in the same institution, or under one management?"

General round table discussion.

"The New Colony Plan for the Feeble-Minded," Joseph T.

Mastin, Secretary State Board of Charities and Corrections, Richmond, Va.

"Types of Buildings for State Institutions for the Feeble-Minded," Franklin B. Kirkbride, Secretary Board of Directors, Letchworth Village, N. Y.

The paper on "Institutional Development and Construction" by Dr. Charles D. Little, the reading of which was postponed from the previous day, was the first number. Mr. Mastin's paper was read next, by his assistant, followed by Dr. McCallie. The general round table discussion on the separation of the sexes came next, a number of members being called on to respond.

DISCUSSION.

Dr. Morris: Our institution is distinctive perhaps as we have women only in the child-bearing period. Personally, I haven't had the experience of having both men and women in the same institution, and yet I believe from an economical standpoint that an institution working something like Dr. Little has described could be managed with both men and women in the same institution, so that we would get the help from both sides. The difficulties that we have, at least that I have found in an institution where I have women only, is in finding proper employment. Of course, I know theoretically that it's proper for women to garden and do all these other things which Mr. Mastin has outlined in his paper, but I find that in actual practice in the institution where we have women only it is rather a difficult problem. We have difficulty in convincing the state that we ought to have farm lands. We are working our women in the garden every summer, but whether we can extend this to other farm work I do not know. I am glad that Dr. Bernstein has brought up this discussion here at this time, because the reason I wanted to come to Indianapolis was that I wanted to get some ideas concerning an institution for feeble-minded women. We have about one hundred acres. Some of the rich people presented us three or four years ago with some farm land and told us to go to farming. The next spring we broke ground, and I asked the authorities for a little money for drainage. This last year three of the state officials visited our institution and said that it was all nonsense to consider farming for women. Personally, as I said a few moments ago, I would be very glad if we might have somewhere, quite removed from the institution, a group of

men that would help us shovel coal, and work of that kind. There are many other activities about the institution that we could manage very well if we had a few men. My personal opinion is that I would like to try it. Dr. Bernstein has tried it and so have others. I do believe that there are certain activities that are distinctively for women and others for the men. I think if we could bring about a situation where we could segregate the men and the women under the same general management it would be mutually helpful.

Dr. Hollingworth (New Jersey State Institution): I am very glad of this opportunity. I am very much in accord with what Dr. Morris has said. In our feeble-minded family you know we have the feeble-minded and the idiot. We have another type that we are beginning to recognize now, the defective delinquent type. Those two types require entirely different sorts of treatment and training. You must have your defective delinquent women in an institution entirely to themselves. Therefore, there is a place for an institution for women. The delinquent feeble-minded should be segregated in an institution for defective delinquent women. The feeble-minded women can possibly be cared for more economically and beneficially in a general well managed institution. They are now endeavoring to get in touch with these defective delinquent women to take them out to our institution, later to decide whether it shall be a separate institution entirely. In the meantime, we find we must broaden out along all lines. These defective delinquent women are the scum of the earth. They are types that have failed of reformation. We have had to institute a form of self-government among these girls. We have the girls who care for the dairy exclusively, the woman who mends, the woman that cooks or bakes or churns. They need this physical work; they need fields, farms, and houses, and so on. But you can't put these defective delinquent women in with the feeble-minded. The feeble-minded women are all right. They can take care of your little defective children. They can, as it were, do the work for the men while the men are doing the work for them.

In our institution, we have a strip of mountains that separates our women from our men, making them two institutions but all under the same management.

Another thing—from our central institution you can organize certain groups. You want an industrial group, a medical group and so on. Then you grade the children into these

grades. Your central institution should be a clearing house. That's what we are trying to work out in New Jersey.

Dr. Cobb (Syracuse, N. Y.): The Syracuse Institution has been in operation some fifty years or more, yes, seventy years nearly, at first as a school, but later, as the custodial cases increased, they saw the need of custodial care, and later was endowed for custodial care of women. Next the State Institution was opened at Rome, but within four or five years the authorities of New York State had a reason to see what should be done, so that the Syracuse institution should be for feeble-minded girls only.

As most of the children are of the same age in the different grades, we haven't much argument for separating children in schools. In regard to separating in custodial institutions, our institution at Rome being a temporary institution has both classes.

I have felt for a number of years that I could cut our pay roll of \$100,000 a year to \$80,000. With the girls, I don't see any reason why they can't be permitted to do things if they watch them very closely, but I don't think that natural barriers will keep the children apart, unless there are people to watch them. I know how notes will fly through the air, and then the meetings take place. I wish there were someone else here to discuss this problem.

Mr. Johnstone: I would like to say a word for one department. You need the training school separate from the custodial institution. Our institution is based upon the theory that as soon as they grow up, the girls shall be transferred to cottages and afterward transferred to Dr. Cobb. We found that as the institutions grew larger that utility in the institution had a tendency to crowd out the educational work. I have visited a great many institutions in the country and find the same tendency in every institution. It wasn't alone with us.

The natural romp of the sexes while small is all right; no troubles. So they come to kindergarten together. After coming out of kindergarten they are in separate classes.

We don't have any more big, overgrown boys and girls coming to school; they are out at the farm, very much happier. There are boys who when we first talk to them about going out to the farm, say "I don't know whether I want to go out there or not," but after a few months, they say: "I wouldn't go back again for anything."

I want to speak a word more in favor of the separation of the sexes in two separate and distinct institutions with the central institution used as a training school for children, retaining only such adult females or males as are safe to go around, and there are plenty of people in such institutions that can father the little boys and mother the little girls, carry in the coal, clean the floors and do all that sort of thing, and thus work out their living.

Dr. Haines (Lapeer, Mich.): The institution at Michigan has a population of 1,260. We have both sexes. While we have about a thousand acres of land, the buildings are not effectually separated and we have a great deal of trouble in managing our girls and boys. I believe it would be a good thing if we could have a separate institution for the defective delinquent girls. On the other hand, I am in favor of what Paul Jones says about free institutions. I would like to have the parent institution government as a training school and care for the children up to twenty or twenty-five years, then remove to separate places for the balance of their lives.

Back on our farm the boys are occupied, and I believe they are very happy now, but the girls need two or three to watch them. Barbed-wire fences have never seemed to stop them, nor have rivers. They have gone everywhere. We have tried every way on earth to stop it. We have trouble all the time because we are unable to find sufficient industries. I believe that the defective delinquent girls would be better off, and certainly more economically and effectually managed if they could be in separate institutions.

Dr. Emerick (Columbus, Ohio): I have never had a great deal of experience in a separate institution for boys and for girls. We had in the institution at Columbus, when I left day before yesterday, present 2,155. We have, in a way, a separate institution for boys. We have at our custodial institution, which is fourteen miles from the parent institution, 1,675 acres of land. Four hundred of it is being temporarily occupied by the penitentiary until they get their large farm so that they can move the prisoners over there. We have very little trouble at the custodial farm. At the parent institution at Columbus we have them separated to a certain extent.

Of course from an economical standpoint, there are many advantages in having the two sexes in the same institution, but the expense of handling them is very much greater. We have another institution started, one for defective delinquent

girls, so that we can keep them separate from the other institution.

Question: Why do you have 2,100 in an institution.

Dr. Emerick: After an institution gets to be 500 or over, or especially over 1,000, it might just as well be 10,000 or 20,000. The institution at Columbus is run about the same as though we had four or five institutions. At the custodial farm we have 550 boys. It is in charge of one of my supervisors. He is wholly responsible for that institution. In our custodial department for girls, which has 400 in it, the matron there is really superintendent of that department, and I am simply in a way, the advisory manager of the institution. It's run under separate heads.

Question: I understood that you had a custodial colony for a certain number of girls and a certain number of defectives. I understood you to say that you had 2,100 odd under your care. Is there any time when these 2,100 have to be together in one institution at the same time?

Dr. Emerick: No, no one building would hold them. No, there is no time that they all come together.

Mrs. Gordon (New Orleans): I have gained an idea since coming to this meeting, and I am going to try an experiment. I am executor of an estate of 239 acres near the city of New Orleans. It is an old cypress swamp. It's wonderful soil once it's drained and made workable. At present it's full of cypress stumps and undergrowth. I am going to have it cleared, and before I left home, I gave orders to have an advertisement put in the paper for Italians to work on this land. I am going to telegraph home to stop that. I have had a vision. I am going home to borrow the boys from the feeble-minded institutions and make a vacation for them. I will put up some kind of tents over there. They can go swimming in the bayous between times. I am going to get these boys or men there to clear this land. Why can't we do that all over the country?

Dr. Bliss (Ft. Wayne, Indiana): I don't want to talk about our institution. We have both sexes; 1,328 inmates. I want to say a word, however, and I think it's pertinent at this time, about something that is going on in Indiana. Last fall, Governor Ralston of this state appointed a committee through the Board of State Charities, to work with the Board of State Charities, consisting of four of the institutional heads, two of the prominent leaders in the legislature and Father Gavisk as chairman, representing the State Board of Chari-

ties, to consider the problem of mental defectives throughout Indiana to determine, if possible, how many there are in Indiana, and to report to the coming legislature beginning the 1st of next January, some proposition for a comprehensive plan to care for these people in Indiana, which includes the insane, the epileptic and the feeble-minded. I have the honor to be one of the members of that committee. Some definite form of a plan for the state of Indiana is going to be suggested. When that report is published, I think it will be worth your while, probably, to write to the state librarian of this state, and I am sure he will furnish practically any of you with a copy of the report and what is going to be done by us.

For almost a century now we have been dealing with this problem, just digging around the outside edges, and it is pretty nearly time that we began to go down and find out what the causes are and what should be done in a comprehensive way to meet these conditions. We can take those that come to us but there are thousands that we don't reach, don't know anything about.

I believe that is going to be undoubtedly one of the biggest things that Indiana has ever done, and I hope to see some big things come from it. Our institution is caring perhaps for about one-fourth of the people needing institutional care, and the rest are at large. The problem of the insane has been better handled. The insane require care and they get it. The feeble-minded have always been regarded as harmless. We know better, but the public doesn't. I wish some other states would take the stand that Governor Ralston has.

Mr. George W. Cook (District of Columbia): When you people come into the District of Columbia and express your admiration for your beautiful capital city, you are expressing an appreciation that is well founded. You are here today talking about your institutions for feeble-minded in the states, but do you know that there isn't an institution in the District of Columbia for the feeble-minded. As a member of the Board of Charities in the District of Columbia I have interested myself in this problem. We are politically helpless. You have more power in the District of Columbia whether you are a tax payer or not, than we who live there. A survey was made. I do not think that it covered the field. About 750 were found in the District of Columbia. At a hearing two weeks ago before the district committee of the House of Representatives, it was estimated that there were about 2,500.

We have striven for years to do something, and while our city is beautiful, this is one of the underlying and unanswered problems that will detract very much from the city beautiful. May I ask that you ask your congressman to interest himself in that problem in the District of Columbia? We are without vote and we get very little legislation.

Mrs. Dwyer: You see the woman's side, don't you?

Dr. Cook: I am a woman suffragist. I have been one since 1866, when I heard Susan B. Anthony talk. My request is that you use your influence with your congressman.

Mrs. Kate Adams (Chicago): Two weeks ago, we wrote twenty-nine congressmen asking them to take favorable action on that bill that is now before the House.

Dr. Leonard (Lincoln, Ill.): I suppose we have about the largest institution in the state. We are trying to work from the suggestion of Dr. Johnson, to maintain a colony. The larger part of the work, I think, has been covered here. I might say that we are going to try a small colony at Lincoln this summer. The object is two-fold, first to direct the public of the state of Illinois in this work, that is to have them interested in what we think is a menace to the state, more so probably than the insane, and incidentally to allow social workers to come to Lincoln and learn this from the material that we have at hand.

Dr. Little: I think that the ordinary supervision that we have to give the feeble-minded to get any results takes care of that problem of a reasonable distance between groups. I appreciate the difficulties of starting an institution in a small way, as I started with only 30,000. I will say, however, that I ran in about 25,000 before they got onto me, and then they passed a law that no appropriation should ever be exceeded by it. I know about the difficulties of starting an institution with very little interest. I was simply outlining the way I believe a state should do it. On the other hand, in states where it is difficult to get money, I think it is possible to get some money and some farm land and start in. I haven't any sympathy with the fear of spending the state's money. There's plenty of money in every state to do anything that they want to do. If they really want to do something for the feeble-minded they can do it.

Adjourned.

MAY 15TH.

The meeting was called at 9:25 by Mr. Johnstone (Vine-land, N. J.). The following was the program for the morning:

"Danger of Classifying as Feeble-Minded, Children Who Are Merely Backward," J. M. McCallie, Ph. D., Director of Special Classes, Trenton, N. J.

"Danger of Classifying as Merely Backward, Children Who Are Feeble-Minded," George S. Bliss, M. D., Superintendent Indiana School for Feeble-Minded, Ft. Wayne.

"The Frequency and Significance of Dysfunction of the Internal Secretary System of the Feeble-Minded," Dr. C. P. McCord of the Research Department of the Michigan School for the Feeble-Minded.

"Should Border-Line Cases, in Which Diagnosis Is Doubtful, Be Admitted to State Institutions for the Feeble-Minded, and Should a Parole System Be Maintained if Such Cases Are Received?"

General round table discussion.

In reference to points discussed by the first paper, Dr. Bliss prefaced his paper with some remarks on mental tests. He thought mental tests were a very great, but not infallible aid in diagnosis; that they had been improved and would be perfected further and used more extensively than now; that much depended on the correct interpretation of the results of the tests, which required certain qualifications on the part of the examiner. After the conclusion of Dr. Bliss' paper, both were open for general discussion.

Mr. Neal (New York Children's Aid Society) asked the Association for an expression of opinion on what he could best do with defective children coming under his charge. He mentioned in particular a case whose foster parents refused to part with a child after it had been found defective.

Mr. Burbank (St. Louis) explained what was being done in the St. Louis Public Schools in diagnosing mental deficiency in school children.

Dr. Wilmarth (Wisconsin Institution for Feeble-Minded) thought that there was not much danger in mistaking normal children for feeble-minded; that he had not found such mistakes being made in his own experience.

Mr. Bowman (Kansas) stated that a home finding society should never attempt to place a child in a family until the history of that child has been learned. He cited cases where chil-

dren had been adopted whose mental deficiency had been discovered afterwards. He thought there should be a clearing house for the purpose of furnishing information for this purpose.

Mrs. Harper (Columbus) asked that the two first speakers on the program be asked to give their answer to Mr. Neal's question.

Dr. Bliss replied that the problem involved was a difficult one; that demands in this line ought not to be pushed too far. The institutions for defectives are full; provisions are not made for all. He would not force foster parents to give up a defective child if they desired much to keep it. He agreed with Mr. Bowman that the history of a child should be learned before it was placed out in a family adopting it.

Dr. Bernstein, in answer to a question handed the Chairman, stated that the public schools should not attempt to train low grade cases of mental deficiency, and that the schools should try to give the moron grade cases a training that would tend to make them partly self-supporting.

Mr. Gilman (University of Wisconsin) stated that someone competent to pass on the mentality of children was needed in each community, we needed a model commitment law, and that this Association might outline one. Chairman Johnstone referred him to the recently enacted Illinois law, whose author regarded it as a model law, and copies of which might be had on application.

Mr. Willson (Washington) asked whether, in case of a child whose history could not be learned, the expert could tell with sufficient certainty the normality of the child so that it might be safely placed in a family for adoption. The Chairman noted that this might be difficult, but that a child should not be placed until the expert could tell.

Dr. McCallie was called on to answer a question handed the Chairman as to at what mental age a defective child should be placed in a special class in the public schools. He replied that it should be at the same mental age as the chronological age of normal children in normal classes.

The Chairman then announced the last number on the program, the round table discussion.

Dr. Smith (Godfrey, Ill.) was called on. He stated that he saw no objection to the admittance of borderline cases to an institution. If such cases were not feeble-minded, that fact would soon be discovered there.

A member in the audience thought that it was very tragic for a normal person to be classed as feeble-minded; that while it was technically true that a borderline case sent to an institution for diagnosis was sent there for observation, popularly, such person would always be called feeble-minded.

Dr. Bliss noted that work of this sort is already being done at the Massachusetts School for Feeble-Minded; that children had been received there for a number of years for observation to determine their mentality. It should be borne in mind, he said, that parents will never send a child to an institution for observation, even, except as a last resort, and that it would not be a stigma for such children as would be sent.

Dr. Smith called attention to the fact that in Illinois it was possible for persons to go to the State Institutions for observation, and not as a committed person. In his experience no normal child had ever been received.

Dr. Johnson (New Jersey) believed that there was a danger of normal children being sent to an institution for feeble-minded, and cited some cases in his own experience.

Dr. Halowell (New Jersey) believed that the social test was the only test to decide between the defective delinquent and the pseudo-defective delinquent.

Dr. MacMurchy (Toronto) thought that our attitude towards the borderline case should be that of the family physician, or like that of the "counsel for the accused." She thought that there were cases of feeble-minded who could get along in the world, but that there always remained the danger of their marriage to be considered.

Adjourned.

MAY 16TH.

The program for the day was as follows:

General business session.

"Should the Services of the Feeble-Minded Adult Wards of the State Be Used to Develop State Activities Such as Reforestation, Clearing of Waste Lands, Road Building, Large Drainage Projects, Etc?" Dr. Charles Bernstein, Superintendent Rome State Custodial Asylum.

"Should a System of State Control Contemplate the Management of All Institutions for State Wards Including the Insane, Feeble-Minded, Epileptic, Delinquent and Criminals, and Possibly Paupers, Tubercular, Etc., Under One Central Depart-

ment?" Dr. A. W. Wilmarth, Superintendent Wisconsin Home for the Feeble-Minded.

Discussion opened by Dr. H. C. Kehoe, Superintendent Kentucky Institution for Feeble-Minded, and Dr. S. H. Leonard, Superintendent Lincoln State School and Colony, Lincoln, Ill.

"After Care Study of the Discharges During Twenty-five Years From the Massachusetts School for the Feeble-Minded," Dr. W. E. Fernald, Superintendent, Waverly, Mass.

"Insanity, a State and National Problem," Owen Copp, M. D., Superintendent Pennsylvania Hospital, Philadelphia.

"The Psychopathic Hospital's Function of an Early Intensive Public Service for Psychopathic Not Legally Insane," E. E. Southard, M. D., Director Psychopathic Hospital, Boston.

The general business session was omitted, and the meeting for the regular program was called to order at 11 A. M. by Mr. Johnstone. The paper by Dr. Copp was the first number called, followed by Dr. Southard.

Dr. Copp, in the discussion following these two papers, stated that while the cost of treatment was high at the Boston Psychopathic Hospital as compared with the cost in the regular insane hospitals, it was small in consideration of the fact that it prevented many cases from being sent to the regular insane hospitals, later.

Dr. Wilmarth (Wisconsin) being called on, explained the practice in his state, which was to the effect that acute cases were sent to the regular hospitals and treated until cured or otherwise disposed of.

A round table discussion on the first two numbers on the program followed, with Dr. Bernstein (Rome, N. Y.) in the chair.

Dr. Smith (Godfrey, Ill.) was called on. He thought it was not necessary to combine the institutions for these varieties of defectives; that the number in each class of defectives was large enough in every state to call for a large institution for each class; that there were many objections to classifying them together, and that each State could conduct separate institutions to better advantage.

Dr. Wilmarth (Chippewa Falls, Wis.) thought there was little or no economy in increasing the size of an institution beyond a certain limit, except in the salaries of high salaried officials, and did not believe in combining the several institutions into one.

Someone suggested that they might combine in the States with the smaller populations in which sufficient numbers in each class did not exist. Dr. Smith replied that in his opinion there were hardly any such States.

Dr. Nevin believed that the feeble-minded and epileptic might be placed in one institution without objection, as these are what might be called "terminal cases," while the chronically insane and other classes involved more strictly a "Medical question."

Dr. Black (Polk, Pa.) stated that he had never found any special reason at the Polk, Pa., Institution why the feeble-minded and epileptic should not be classed together.

Someone noted that there never was an excess of workers at an institution for the insane, and asked how this was in regard to institutions for the feeble-minded. Dr. Bernstein replied that in the latter there was the excess, and that cases were always happiest when employed.

Dr. Wilmarth remarked that in his institution there was no excess because of the large number of young and low-grade cases that needed much attention and could be cared for by other inmates.

This led to the second topic on the program for the round table discussion. Dr. Bernstein explained what had been done along this line at Rome, N. Y. As there seemed to be a consensus of opinion among members present that there were no objections against employing the feeble-minded in this way, there was no further discussion.

An informal gathering of members was announced for 8 P. M. at the Claypool Hotel.

Adjourned.

MAY 16TH, 8 P. M.

A number of members gathered at the Claypool Hotel for a social meeting and the informal discussion of various questions. A business meeting was also called by the President, and the following officers were elected for the coming year:

President—E. J. Emerick, M. D., Columbus, Ohio.

Vice President—G. A. Wallace, M. D., Wrentham, Mass.

Secretary-Treasurer—A. C. Rogers, M. D., Faribault, Minn.

Assistant Secretary-Treasurer—F. Kuhlmann, Ph. D., Faribault, Minn.

Other officers of the Association, editors of the Journal

of Psycho-Asthenics, and Committees were continued in power for another year. It was decided that the President and Secretary should arrange the program and the time and place of meeting for the next year. It was suggested that an attempt be made to meet somewhere near an institution, and that officers of institutions then arrange for a visit to this institution either before or following the meeting, so as to avoid the necessity of entertaining the whole Association at the institution.

MAY 17TH.

The meeting was called by Mr. Johnstone (Vineland, N. J.) at 9:20 A. M. The following was the program:

"The Binet-Simon Scale and Borderline Cases," Samuel C. Kohs, House of Correction, Chicago.

"How to Fill the Gap Between Special Classes and Institutions," Ada M. Fitts, Supervisor of Special Classes, School Committee, Boston.

"Should the Educative Work for Children of Two to Sixteen Years of Age Be Purely Ideally Pedagogical or Should It Be Subsidiary to the Economical Management of the Whole Plant," Dr. Bliss, Superintendent Indiana School for Feeble-Minded, Ft. Wayne, Ind.

"Should the State School for Education and Training of the Feeble-Minded Be a Separate and Distinct Plant From the Custodial or Home Institution?"

General round table discussion.

Dr. Kohs' paper was the first one read.

Dr. Bliss (Indiana) in the discussion following this paper questioned the three year limit of retardation for feeble-mindedness discussed by the speaker, and thought it did not apply to young children. He also thought that the borderline given at mental age ten was too low, as he had known feeble-minded cases with a mental age of twelve.

Dr. Sessions (Indianapolis) asked the speaker how he determined whether a case was borderline feeble-minded or normal, when the results of the Binet-Simon tests did not suffice to indicate.

Dr. Kohs replied that he used other tests in addition, got the case histories, and that he relied on these and the incidental observations on the manner in which the tests were performed as well as on the objective, quantitative results of the tests, to supplement the Binet test results.

Dr. Bliss was asked how he knew a case with a mental

age of twelve to be feeble-minded. He explained with an illustration.

Mr. Johnstone (Vineland, N. J.) stated that he had cases in his institution who had repeatedly tested normal with the Binet tests, but that they were children of feeble-minded parents, and that he thought he was justified in predicting that the mental development of these children would stop before they reached maturity, and that they would turn out to be feeble-minded later.

Miss Alexander (Indianapolis) asked whether the Binet tests had not been used by psychologists and found very inaccurate.

Dr. Kohs replied that where obviously inaccurate results had been obtained by psychologists, such as prominent business men testing out as mentally defective by the Binet tests, the examinations had not been made under experimental conditions. Also, that instances in which laborers had been tested and some of them found defective by the tests, that the results were probably correct, inasmuch as feeble-minded were often found among unskilled laborers.

Dr. Kuhlmann (Faribault, Minn.) stated that criticisms against the Binet-Simon tests had come from three sources. First, laymen who regarded the system of tests as simple as it appeared on the surface, and who were therefore misled into erroneous ideas concerning them. Second, psychologists in Universities and Colleges who were likewise unfamiliar with the special field of mental testing and the principles underlying the Binet-Simon system. Third, psychologists who had other tests and methods of their own which they regarded as superior to the Binet-Simon tests. He also stated that in actual practice feeble-mindedness could never be defined in terms of intelligence or mental development alone, even though a method were found that determined the grade of intelligence without error; that the really mentally eleven would have to be classified sometimes as normal because he passed the social test, and because of still other considerations, and sometimes as feeble-minded because he failed in the social test, or because of other considerations.

Dr. Kohs, in answer to a question, agreed that a medical examination should always go with the Binet-Simon tests.

Dr. Gillin (University of Wisconsin) asked whether there were any means of determining when the social test had been passed; if there were any canons of the social test. Dr. Kohs

replied that there were none. Another member thought that the social test was essentially a will test, while the Binet-Simon tests were intelligence tests.

The next paper on the program was then read by Miss Fitts, followed by a general discussion.

Miss Fitts, in answer to a question, stated that the teachers for the special classes in Boston were chosen from among the best of the teachers in the regular classes, after they had had a year's experience in observation and teaching of a special class, and that in addition a summer course was required of them.

Dr. Bliss, in opening the round table discussion, spoke as follows:

Dr. Bliss: For a great many years, in fact even today, every institution for the feeble-minded is started on the assumption by some people that the feeble-minded are going to be educated and turned out in the community. That may not be the assumption of the people who know, but it is frequently the assumption of the legislators who make the appropriation; practically every person whom we ask will say, "Why you are going to take these people, educate them and put them back into the community to make their own living." Now we know, social workers who are at all acquainted with it, that this is wrong. There is in the institution, or was when I was in the institution at Waverly, Mass., a man on whom this sort of an attempt was made for a great many years with some rather curious results. He could spell very well indeed, practically any word that you would give to him. If then he was asked to repeat it, he would repeat it backward. In other words, the association of letters forming that word was simply a mechanical association to him. It meant nothing more than a mechanical association of sounds, and therefore he was able to go one way as fast as another.

For a great many years all of our public school system has been based on this assumption, that every child who entered the public school was going through the primary school, the grade school, the high school, and many to college, and their training in school was arranged that way. As a matter of fact, figures show us that something like 90 per cent of the pupils who enter school drop out before high school, and of those who go through high school only about 20 per cent go on to college. The result is that the training that they get up to the beginning of the high school must be the life train-

ing for about 90 per cent of the children. They have just begun to recognize in this country that a child needs training in something else besides arithmetic. They are trying to teach those children in Gary so that when they leave school they will have something of a practical nature to help them get a job, earn a living, do something. The schools for the feeble-minded recognized this years ago, and all the schools for the feeble-minded have had for many years industrial training for their inmates; training that would fit those inmates to make the most of the training in the institution, and later if they go out of the institution, makes them better prepared to meet the exigencies of the life outside. You have enough children who in all probability will never make good in the outside world, and they should be taught to read, to write, and to do what simple work is necessary for their life in the institution. My own feeling is, that when we have taken one of these people as far as the third or fourth grade that our effort beyond that is almost a waste of time. The training from that time on ought to be of an industrial nature. Teach him to use his hands. Teach the girls sewing, knitting, laundry work and domestic science. I personally believe that the time is going to come when every public school child will just as much be expected to graduate in the knowledge of how to make a loaf of bread, if it's a girl, or to make or mend a plain mechanical article if it's a boy, as to do a sum in mental arithmetic or parse a sentence. I believe the boys should be taught simple agriculture. One of the reasons boys have left the farms and crowded the cities is because they don't know enough about the farm; don't know anything of the value and economic importance of agriculture. I believe that the same principle that is used for the feeble-minded should be used in our public school, and children should be taught not merely to read and write, but should be able to do something, something that will make them at least not have to hunt around for five or six years to make a selection that is congenial. In the Gary system, the children are allowed to try the different industries to find what they want. If they change and take up some other line they lose the time that they have been trying, but that's all. They have had the opportunity to try, and they have had the opportunity to change to something that is congenial. We have the same thing in the school for the feeble-minded. I have children every day come to me and say, "I don't like the job and want to change," and when we change

them, maybe they don't like the other job as well as they did the first one. In spite of that, we are always willing to replace the job, and I am willing to give the boy or girl who is in the right spirit a change of work. I believe that this is a question that does not merely concern the institution, but the world at large, and I believe that as soon as we recognize the value of industrial training for every child, whether he be feeble-minded or normal, we shall be able to raise citizens.

Mr. Johnstone (Vineland, N. J.): Dr. Bernstein has said that the institutions for the feeble-minded are less and less giving this kind of teaching. I still believe that the institutions are giving too much of it. When I find an institution for the feeble-minded teaching reading, writing and arithmetic, I wonder if they have made any investigation as to what the children do with it. We have made a very careful study of what the children do with their number work. We find that there is very little of it that is used; that our children almost never divide anything by anything and know it's division. The only time they make additions they do it by association. The number of times a feeble-minded child subtracts are mighty few. I am going to tell you a little story that will illustrate.

We were trying to find out by very careful testing in examination what our children did with the numbers they had been taught. In our institution we did what I did when I was principal of the Indiana Schools. It was my boast that we were following the same course of study that the children of the public schools of Ft. Wayne had. We had very careful tests made of what the children were actually doing.

John was being tried in arithmetic. He had been out of school for six or eight months, but had gone to night school. He drove a team of horses and hauls coal some times; I said to him: "How much coal is there down in the bin?" He said, "Enough to take four loads today, tomorrow two and another after dinner." "How many loads is that?" "I don't know that much numbers." He had that intuition that it would take four loads today, two tomorrow and another after dinner, but he couldn't tell how many loads it was. We have cases who can be told to set a table for eight people, giving them the names of the people, and they will put six plates; or if told to set for nine they will put seven. The little girl who waits on my own table if told there will be two extra people, we may be sure that there will be one plate short or one too many.

About John, Mr. Goodman said to me, ask him one or two problems in addition. John couldn't answer. Mr. Goodman said to him: "Supposing you took six ears of corn to your horses"—but John said, "We don't take them six ears of corn." But just supposing that you took them six ears of corn"—John said, "We don't take them six ears." In other words, he had not used this number in that connection. Mr. Goodman said: "Suppose you took them twelve ears of corn and only fed them ten, how many would you take back?" He said, "Two." "How much are twelve less ten?" John said, "Oh, I don't know that many." "Supposing you took twelve loaves of bread to Mrs. A. and she said she only wanted ten. How many would you take back to the store room?" "I don't go to the store room." "But supposing you took twelve loaves and she only wanted ten, how many would you have left?" John thought and thought and finally said "Three." The point I am trying to make is that John's knowledge of subtraction was merely gained from acts that he had really performed. He could subtract ten ears of corn from twelve and get the answer, but he couldn't subtract ten loaves from twelve loaves of bread and get the correct answer. I feel that the same thing is true probably of writing. A good many of our children want to write letters home. How many children really write anything intelligent? The number of children who write is pretty small. The percentage of time given to reading, writing, arithmetic, geography, etc., in the special class I believe to be in a large degree wasted. I believe there is a great deal of wasted time. I am not speaking of children who are known to be merely backward and being prepared for normal work, but those who are feeble-minded.

Dr. Nevin: I would like to ask Dr. Bliss a few questions. If we are to regard the feeble minded as incapable of being educated, what is the use of much of this education? Would it not be wise for us to aim for ultimate education of those who are capable of being educated to support themselves in some way, on farms possibly, as has been suggested, or some way connected with our State Institutions?

Another question, what great need has the public school for special classes other than as observation classes, long enough to make a diagnosis? And one more question: Would it be practical or possible for the State School for Feeble-Minded to train and supply teachers to the public schools?

Dr. Bliss: Dr. Nevin's questions are very largely influ-

enced by his acquaintance with the schools at Gary. Under the system at Gary it is not necessary to keep a defective child in the school much longer than necessary to make a diagnosis and then put him in a special school. He can get his mechanical training in the normal school. I knew of a boy at Waverly, Massachusetts, who was a destroyer. He tore every piece of plumbing to pieces. He would unscrew the fixtures and take out the pieces, and do all this without tools. Dr. Fernald very wisely put the boy on the plumbing force, and he became a useful member of that plumbing force. He could do things; he had mechanical sense, and lack of the use of that made him destructive. That's true of the destructive children in a great many cases. If we find a child has a sense for any one thing it is well to provide him work along that line. It's simply a question of finding out what the child can do.

It's undoubtedly true that a teacher for feeble-minded must be the best. She must have the benefit of a great deal of patience, and originality, to look at the problems that come to her. Any teacher that will make a fine success in the public school, put into a school for feeble-minded, and given a year or two of training there will make a success, in my opinion.

In regard to the matter of reading, I would make a greater exception in training in reading than I would in anything else. I want to cite something that we are doing at Ft. Wayne. We have a library there for our boys and girls. That library is presided over by one of our teachers. It is full of books for children. We have about 1,000 volumes for children. The teacher goes into that library every evening. She puts the boys and girls in separate rooms. They come in voluntarily, without any compulsion at all. In our main building at the institution at Ft. Wayne we have about 500, boys about 200, and girls about 300. In our girls' library on a Wednesday evening, which is the evening most of them go there, we have had as high as 99 girls in there reading, and on the boys' side 75 to 80. A great many of the boys wouldn't be without that library for anything. I sent some of the boys out to the farm last spring. Three of them came right back to the institution. They didn't have any library at the farm. The result is that in the evening after their work is done, the discipline of those children is almost nothing, simply because the ones that would make trouble are in the library. I would teach reading and give them a library. We can work that out for them. It's well worth while. The teacher who is in charge picks a book

according to the child's mental age. He gets something that he can be interested in, that will hold his attention, if it's nothing but a picture book. He gets something to look at. Our library is one of the most popular places in the institution for the children.

Dr. MacMurchy (Toronto) said that the discussion once more illustrated the fact that the public schools followed what the training of the feeble-minded had taught. It was necessary to have a great many more things to do for the feeble-minded than is required for the normals, in order to keep up their interest; the feeble-minded gets "bored" easily. She defined the social test of feeble-mindedness as the ability and desire to look forward to and possess and keep a home.

Adjourned.

REVIEWS AND NOTICES

Standard Method of Testing Juvenile Mentality by the Binet-Simon Scale With the Original Questions, Pictures and Drawings. A Uniform Procedure and Analysis. By Norbert J. Melville, Director of Psychological Laboratory, Philadelphia School of Pedagogy. Pp. XI 142. J. P. Lippincott Company, 1917.

As a "Uniform Method" of applying the Binet-Simon Scale in the form which the authors left it in 1911, this manual for examiners is particularly valuable in that it standardizes each detail of procedure. Profiting by a study of the methods used by other experimenters and by the application of those methods in "over a thousand cases" in the Philadelphia Public Schools, the author has done for Binet's 1911 revision what Terman has done for the Stanford revision and extension of the scale, in a painstaking development of each detail of procedure and scoring. The aim of the Standard Method, as set forth by Dr. Healy in the introduction, is "to devise more exact methods of using the scale, while at the same time absolutely insisting on the setting of sharp limitations to the interpretation of findings by the scale."

The first part of the manual is a discussion of general procedure in gathering and analyzing the data. It deals with the nature and scope of the Standard Method, an analysis of results of mentality testing, provisional evaluations and classifications, the problem of statistical analysis, the problem of clinical interpretation, together with general and specific directions to examiners concerning procedure, interpretation, and scoring.

The second part contains the "uniform method" of applying the Binet-Simon scale with plates and notes indicating modifications found in the various adaptations of Goddard, Kuhlman, Bobertag and Terman.

The procedure is in every detail definite and precise. Questions as to alternative questions to be employed in a given case, repetition of a test, and precise standards of judgment in the interpretations of responses are dealt with explicitly.

The arrangement of tests is intended to eliminate the factor of personal judgment or the necessity for "random testing" on the part of the examiner. The test order is such that the examiner begins, in every case, with the first test in age group III. This is the Binet picture test and may be scored at any one of three levels according to the response of the child. The form of the question is such that neither enumeration, description, nor interpretation is suggested. ("What is this.") The response to this question determines whether the examination shall proceed at the three year level, the seven year level, or the fifteen year level (i.e. whether the reply is enumeration, description, or interpretation). If the response is, for example, descriptive then the examiner proceeds to the first test in the VIII year group and so on, giving the first test in each succeeding age group until the child fails in one test. Then the examiner must return to the second test in the age group from which he started (i.e. in our illustration, test 2 in age group VII) and proceed as before unless the child fails in the test, in which case he must proceed backward using always the second test in each age group until he finds a test in which the child passes. The third, fourth and fifth tests in each age group are used in the same way. The tests are then continued in a second and third sequence according to a very definite rule of procedure until two age groups in which no tests have been failed, and two age groups in which no tests have been passed, are found.

Taking the first test in each group to constitute the "a series," this series is so arranged as to include only tests that "have shown the highest diagnostic value in differentiating mentally deficient from normal subjects." In the same manner, the "b series" is made up of tests next in importance, the second test in each age group constituting this series. Tests involving similar materials or methods have been so arranged as to be given in sequence, as for instance, the digits series. It would seem to the reviewer that such an arrangement, lacking the diversity of varied tasks, would tax the child's power of concentration or attention unduly. He would soon tire of so mechanical a performance and the later series of digits would fail to measure his real memory span for lack of interest.

The scoring is worked out with the idea of evaluating the significance of the "Binet base" (the higher of two successive years in which the subject passes all tests) in cases where there is a "scattering" of successes through the higher age groups, and of correcting, to some extent, the shortness of the scale at the upper end. The regular Binet scoring is used up to year nine; "add to the base year 0.2 credits for each test passed above the base year, irrespective of the extent of scattering of such make up tests." Beyond year nine the following plan is used:

- Above IX, 1st— 5th test passed=0.2 credit each.
- 6th—10th test passed=0.4 credit each.
- 11th and beyond=0.6 credit each.

We will be interested to see the promised "detailed presentation of the experimental and logical basis of the standardization in the 'Report on the Standardization of Binet Testing'" now in preparation. The results must be very satisfactory to warrant so radical a change of procedure in the order of giving the tests for the sole object of eliminating personal judgment of the examiner in the matter of where the

examination shall begin. Students of the scale will be interested to know whether the results show that the new manner of scoring corrects the error of the old scoring at the upper end of the scale.

The significance of the Binet base for mental classification has been emphasized by Ellis and Doll, to whom the author refers, and by Stern, who also has worked out a scheme for evaluating scattered successes. The author suggests that a Binet base six or more years below the life age shall justify a diagnosis of potential mental deficiency, and that a "Binet age score below eleven, when accompanied by a sub age (retardation) of more than three years is usually indicative of serious mental deficiency." He wisely cautions his examiners against making a diagnosis of mental deficiency on the basis of their own findings without the judgment of a consulting psychologist.

The author disagrees with the psychologists, who are using the intelligence quotient as the most significant method of expressing the relation of level of intelligence of an individual to the average level of intelligence among normals, for the reason that "the mental quotient has the disadvantage that it requires more interpretation than the values from which it is derived." The experience of psychologists, who have been using the "mental quotient," has been quite the contrary. It has proved more readily comprehensible to the lay mind that John's intelligence is only fifty per cent of that of an average twelve year old boy, than that John's Binet age is six and his sub age (retardation) six. The gravity of the retardation seems to be more readily grasped when expressed in terms of per cent of normal development than it is when expressed in terms of number of years retarded, owing to the difference in the rate development at the various age levels (i.e. a retardation of three years at the age of six is vastly more serious than a retardation of three years at the age of eleven.)

The author emphasizes particularly, the necessity of conscientious observance of the details of procedure and interpretation, a matter supremely important in the use of mentality tests. And one which can not be too emphatically impressed upon "Binet examiners who shall render first aid," and who shall not have had psychological training other than in the use of the scale. He emphasizes, also, the interpretation of results in the light of supplementary data. "We insist that a Binet age score, a Goddard age score and the like shall not be accepted on their face value, recommending their interpretation in terms of mental growth periods in the light of group norms and supplementary data." To that end he appends an "orthogenic table" as a tentative standard working plan whereby a "child's mental growth period" may be determined from his Binet age or Binet base and his "characteristic mental functions" defined for "purposes of institutional or special class training." His use of "orthogenic" in this connection is not, perhaps, sufficiently clear, unless his readers are acquainted with Dr. Witmer's definition of orthogenics as "the science which treats of the restoration of the retardant and the deviate to normality." He recommends the development of new supplementary scales instead of making adaptations of the Binet-Simon scale. If the object of mentality tests is to develop a scientific method of measuring intelligence, is it not a step in the right direction to try to incorporate all of your bases of judgment in one scale with definitely determined evaluations, rather than to open the way for the personal judgments, which all agree are so liable to err, in the interpretation of combined results? How much weight, for instance, shall

we give to a child's ability or inability to perform certain construction tests in comparison with his Binet age? To incorporate in a single scale with definitely determined values all of the data necessary to make an accurate scientific diagnosis of level of intelligence has been the aim of those psychologists who have been revising and extending the Binet scale. Such scales are Dr. Terman's Stanford revision² and a further extension and revision of Dr. Kuhlmann's.³

As an aid "in the careful training and exact guidance of Binet examiners," the procedure of the manual is admirably explicit and should be useful in that it emphasizes the necessity of accurate scientific method in the application and interpretation of mentality tests. Its usefulness will undoubtedly be limited, however, owing to the preference of most psychologists for the 1908 Binet revision and owing to the development of adaptations and revisions of the Binet scale along the lines which have already proved so valuable.

Faribault, Minnesota.

M. A. MERRILL.

NEWS AND NOTES

Dr. Pearce Bailey, chairman of the National Committee for Mental Hygiene, announces the following:

"The National Committee for Mental Hygiene has created a sub-committee on furnishing hospital units for nervous and mental disorders to the United States Government, the project having been approved by Surgeon General W. C. Gorgas of the U. S. Army.

This sub-committee, of which Dr. Pearce Bailey of New York is chairman, is authorized to secure the services of alienists and neurologists to be commissioned in the Officers' Reserve Corps, Medical Section, and to serve in the neuro-psychiatric units which are to be attached to the base and other hospitals of the military services of the United States. Further information will be given, and application forms sent to physicians qualified in this branch of medicine, on application by letter or in person to The National Committee for Mental Hygiene, 50 Union Square, New York City."

Lillian J. Martin, Ph. D., has opened a mental hygiene clinic in San Francisco. The object of the clinic is stated in the following announcement:

"To decrease the mental disturbances growing out of a severe emotional strain; to banish abnormal persistent ideas; to do away with some of the mental disturbances of the stress periods of adolescence, change of life and old age; to increase a person's power along the lines of observation, attention including concentration, memory and will; to eliminate injurious mental and physical habits; to get rid of distressing dreams and sleeplessness; to destroy the painful and paralyzing mental after-effects which sometimes follow a successful operation and the

¹Psychological Clinic, Vol. II, No. 9, February, 1909.

²Measurement of Intelligence, Terman, 1916.

³Measurement of Mental Development. A Further Extension and Revision of the Binet-Simon Scale, Kuhlmann (in preparation).

cure of a disease; and to prevent and overcome the formation of alcohol and drug habits.

"To assist in the protection, proper care and education of insane and feeble-minded persons.

"To aid mothers and teachers in educating and managing, not alone their nervous children, but also those who are healthy, through applying the results of recent investigations in psychology along the lines of heredity and mental diseases.

"To help in the personal application of some of the more recent studies of unnecessary fatigue.

"To assist students and others to adjust themselves to their work, and to aid in the selection or change of a vocation; in general, to help people to increase their efficiency and happiness."

Millicent Cosgrove, M. D., is associated with her as mental tester.

A program of the New York City Children's Hospital and School, Dr. William Burgess Cornell, Medical Director, in connection with sessions of the American Medical Association, contained the following papers given June 4th and 5th:

"The influence of endocrine disturbances in the causation of feeble-mindedness, with a presentation of several cases showing the influence of treatment." Dr. Walter Timme, New York.

"The relation of syphilis to feeble-mindedness, with illustrative cases." Dr. Morris J. Karpas, New York.

"The influence of heredity in the production of feeble-mindedness." Dr. H. H. Goddard, Vineland, N. J.

"Cases of psycholepsy treated by educative and psychoanalytic methods." Dr. James J. Putman, Boston, Mass.

"Considerations of convulsive episodes in psychopathic children." Dr. C. Macfie Campbell, Baltimore, Md.

"Polyglandular disorders with relation to epilepsy." Dr. Charles L. Dana, New York.

"The prognostic value of psychometric tests as compared with clinical signs in epilepsy." Dr. L. Pierce Clark, New York.

"Some cases of internal glandular therapy among the mentally retarded children." Dr. Mary Sutton, Macy, New York.

"Cases of anaemia in children, with demonstration of blood pictures." Dr. Wm. J. Mersereau, New York.

"The value of transduodenal irrigation in epileptics in diminishing the number of attacks." Dr. Herman Eichhorn, New York.

"Consideration of conduct disorders in the feeble-minded." Dr. S. Pierce Clark, New York.

"The relationship of the ungraded classes of the New York City Public Schools to institutions for the feeble-minded." Miss Elizabeth C. Farrell.

"Dissimilarities in cases having similar Binet-age, with demonstration of cases." Dr. W. B. Cornell, Randalls' Island.

Besides these papers, a number of clinics were held and an exhibition given of the methods and the work of the educational division of the Children's Hospital.

The ninth annual meeting of The National Committee for Mental Hygiene, Inc., was held February 7th at the Hotel Biltmore.

Mr. Otto T. Bannard, treasurer, announced that gifts amounting to more than \$30,000 for general expenses had been contributed during the past year by four donors, one of whom had pledged \$100,000 toward an endowment fund that is being raised. The Rockefeller Foundation contributed \$34,000 for special purposes, such as surveys of conditions among the insane and feeble-minded.

Short addresses were given by Dr. Walter E. Fernald on "Supervision of the Feeble-Minded in the Community"; Dr. William A. White, "Influence of Mental Hygiene Upon Methods of Dealing With Crime and Criminals"; Dr. William L. Russel, "Some of the Indirect Results Which May Be Expected to Follow Our Surveys of the Care and Treatment of Mental Diseases"; Professor William H. Burnham, "The Role of Mental Hygiene in Education"; Dr. E. E. Southard, "The Community as a Unit for Mental Hygiene Work"; Dr. Henry R. Stedman, "The Teaching of Mental Hygiene in Medical Schools."

Dr. Thomas W. Salmon, medical director, Dr. Frankwood E. Williams, associate medical director, and Mr. Clifford W. Beers, secretary of the committee, reported on the work of the past year. Surveys have been completed in the states of California, Colorado, Connecticut, Georgia, Louisiana, Pennsylvania, South Carolina, Tennessee, Texas and Wisconsin, and are now in progress in the cities of Chicago and New York. State Societies for Mental Hygiene are now organized in sixteen states, while steps have been taken towards the organization of societies in several other states. During the coming year emphasis will be laid upon the educational work of the committee. A feature of this work will be the publication of a quarterly journal, "Mental Hygiene," the first number of which was issued during the past month.

The following officers for the ensuing year were elected: Dr. Lewellys F. Barker, president; vice presidents, Prof. Charles W. Elliot, Dr. William H. Welch; treasurer, Otto T. Bannard; medical director, Dr. Thomas W. Salmon; associate medical director, Dr. Frankwood E. Williams; secretary, Mr. Clifford W. Beers; executive committee, Dr. August Hoch, chairman, Dr. George Blumer, Prof. Stephen P. Duggan, Dr. William Mabon, Dr. William L. Russell, Dr. Lewellys F. Barker, Dr. Walter E. Fernald and Mr. Matthew C. Fleming; finance committee, Prof. Russell H. Chittenden, chairman, Mr. Otto T. Bannard, Mr. William J. Hoggson, Dr. William B. Coley.



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HOW CAN SOCIETIES FOR MENTAL HYGIENE BEST PROMOTE LEGISLATION FOR THE INSANE AND FEEBLE-MINDED?

ROBERT D. DRIPPS, *Executive Secretary of the Public Charities
Association of Pennsylvania.*

The topic assigned for this paper presupposes (1) the existence of a definite, organized, unofficial body of citizens actively interested in mental hygiene, and (2) a legislative program either originated by such an organization or at least endorsed by it; and the question for discussion is: "How can such a Mental Hygiene Society best promote legislation for the insane and feeble-minded?" It is a practical question of the utmost importance.

In attempting to suggest some of the elements which should be included in a complete answer, it is clearly recognized by the writer that conditions vary in different states and communities, and indeed within the same state or community at different stages in its development, so that any recommendation suggested in this paper, before adoption, should be keenly scrutinized not only as to its merit in general, but more specifically as to its adaptability and possible usefulness in the particular circumstances confronting each society. What is valuable in one instance may be detrimental in another.

By way of approach to our problem, may I urge the importance of a careful preliminary study of the whole mental hygiene field in each state and the formulation of a fairly definite program for meeting its needs, before advocating any legislation

whatever. It is still true that knowledge is power. The advocates of legislation not of general interest can not hope to arouse support among those outside of their own immediate circle unless they are thoroughly conversant with what they want and why they want it.

Suppose, for example, you are trying to improve the condition of the insane. How many insane persons are there in the state? Of these, how many are receiving institutional care? In what institutions, of what capacity, and how many in each? Of these institutions, which are public and which private? Of the public institutions, how many are financed and controlled by the state, city, and county, respectively? Are any institutions for the insane overcrowded, and if so, to what extent? Are insane persons to be found in almshouses, penal and correctional institutions, and elsewhere where they are clearly out of place? What facilities are provided throughout the state for the free examination of mental cases? Are there adequate psychopathic wards or hospitals for the observation and care of those mentally disturbed, pending diagnosis and before formal commitment? Are the commitment laws and other statutory provisions relative to the insane satisfactory? How efficiently are the various institutions for the insane, and each of them, performing their functions? What about the physical plant of each, the type and condition and number of the buildings, the sanitation, fire protection, etc., the acreage and its use for out-door occupational work, recreation, etc.? Is the staff of physicians adequate in number, competent and efficient? What attempt is made at classification of the inmates; is there a separate ward or building for the tuberculous, for the reception of new cases, for the acute and chronic cases, respectively, etc., etc? What are the facilities for hydro-therapeutic treatment and to what extent are they used? Are the nurses and attendants sufficient in number and satisfactory in character? What provision is made for scientific research? What is done in the way of occupational training? To what extent are restraint and seclusion used, and in what matter? Is the food and clothing, etc., satisfactory? Does a proper spirit dominate the officials? Is there hearty

and intelligent co-operation on the part of the state, county and city authorities, and by the general public?

These and many other questions like them should be asked and answered by every Mental Hygiene Society before even the formulation of a legislative program in behalf of the insane. The facts should be ascertained in such a way as to be susceptible of proof, and that, if possible, by more than one reliable witness, and sometimes, where feasible, by the corroboration of photographs. In making such an investigation every effort should be made to utilize one or more recognized experts, to be fair and impartial, and to avoid unnecessary sensationalism.

It is, also, desirable before formulating a legislative program, to know, in a general way, at least, what the conditions are in other states and how similar problems are being met elsewhere.

If bills similar to that under discussion have already been passed by other communities, that fact should be made apparent and evidence given as to the way in which the bill has worked out in those points where it has been given actual trial. The only caution which needs to be uttered in this connection is that it should be remembered always that the average state legislator is profoundly impressed with the splendor and glory of his own particular state, and sometimes is greatly irritated by any suggestion that his state should copy any other in the Union in any particular. It is this last-mentioned trait in legislators which makes it sometimes worth while to dwell on the fact that the passage of the legislation asked for will place that particular state which passes it in the very front rank of all states in the Union attempting to meet the need under consideration.

Then, too, it is important to know how influential persons and groups in your own state are lined up on the possible subjects of legislation. Indications of this character have a distinct bearing on the order in which needed changes or improvements should be urged.

Finally, before determining upon your program for legislation, eliminate from it those reforms or changes desired in existing conditions which can better be accomplished otherwise than by legislative enactment.

When you know your field and its problems and have determined what laws are needed, the desired legislation should be arranged in the order in which it should be urged for passage; careful consideration being given to the relative importance and urgency of each provision under consideration, to the probable strength or weakness of its popular appeal, to the financial questions involved, to the experience of other states and communities, and to the judgment of those most vitally interested within your own state.

The next step is to have your bills properly drafted; each bill embodying precisely what is needed and all that is needed, fitting into existing legislation or repealing what is contradictory, and in manner and form technically correct. The importance of care in these matters can not be over-estimated.

The greatest possible aid toward the passage of any legislation is the existence of a general public intelligently aroused as to its meaning and importance. If the plan above outlined is followed in a general way, you will have all the data for carrying on a sane, accurate, conservative, unsensational, but at the same time convincing campaign of education all over the state.

Such organizations as Women's Clubs, Rotary Clubs, City Clubs, charitable organizations, state-wide and local, etc., etc., are of great use as media through which to diffuse information in support of your legislation. The circulation among the members of such organizations of short, clear-cut, accurate statements of fact bearing on pending legislation, is exceedingly effective. In Pennsylvania a campaign is being carried on at the present time, with unusual success, to secure better provision for the feeble-minded. We have found nothing so valuable for arousing interest in this matter as an exhibit depicting the menace of feeble-mindedness in a form so graphic and interesting that no one who sees it can fail to catch its significance. This exhibit during the two weeks it was open at Philadelphia was visited by more than 100,000 people, and in proportion to the population, it is awakening just as keen an interest as it is shown in other parts of the state. We have also made use of lantern slides, moving pictures and a small one-act play. This campaign will last for a full year, and throughout that entire time we are main-

taining a speakers' bureau from which suitable persons, qualified for the purpose, may be obtained for addressing meetings on feeble-mindedness and its problems, anywhere throughout the state. Not the least value of such measures is the remarkable newspaper publicity which they secure.

Care should be taken to get the right person to introduce your bills in the legislature. Ordinarily, the desirable thing is to have each bill introduced by a member of the political party or faction dominant in the state at the time, and in good party standing. If this can not be done, an effort should at least be made to see to it that the member asked to introduce a bill is personally popular among his associates, or at least as popular as it is possible for one to be with those from whom he differs in essential respects as to political question.

It is difficult for philanthropically disposed private persons to secure legislation without any support from the official organizations more or less definitely interested in legislation such as that desired. Therefore, an earnest effort should be made to secure the active help and co-operation of the State Board of Public Charities and of the State Board of Health, as well as of any other bodies or organizations forming a part of the state or local government and definitely concerned with the subject of the bill. The assistance of the Governor should also be sought, that of the presiding officers in the House and Senate, of the chairmen of the finance committees of the House and Senate, as well as of influential members of these committees, also that of the chairmen and members of the committees to which the bill is apt to be referred. Very often there are paid officials in the House and the Senate who can be of extreme value in securing legislation of this character. If such men exist, their aid also should, of course, be sought. The political leaders throughout the state, as well as those who are not recognized as political leaders, but who are influential otherwise as members of their various communities and as citizens of the state, should also be personally seen and their support obtained, and, finally, every reasonable effort should be made to interest the individual members of the House and Senate, so that a maximum of votes in favor of the bill may be obtained.

Governors and members of legislatures are more or less like the rest of us and are amenable to pretty much the same sort of influences which actuate the average man, subject always to the orders of political superiors, if such exist. This being so, it is worth while to make a special effort to elicit the interest of these men in the subject of the bill. Sometimes, this can best be done by personal interviews on the part of officers of the organization or association in charge of the bill. More frequently, it can best be done through individuals who have become interested in the bill and who happen to be intimate with the Governor or with the member or members to be seen. Pamphlets of information for the benefit of members and other officials are of little or no use, if merely placed on their desks or mailed to them. In extremely few cases are such pamphlets more than glanced at. A polite note to each member from the proper officer of the association or organization directing the campaign, or from a personal friend, stating that such a pamphlet had been prepared and would gladly be mailed if the member cared to see it and would so notify the writer, is much more apt to be effective. Resolutions by state or county medical societies, passed at well-attended meetings after full discussion and with a reasonable amount of publicity at the time, do have some weight, although far less than might be expected. The opinion of a legislator's own doctor in whom he has the utmost confidence, given to him personally and in the quiet of his home, is far more influential. Physicians in charge of hospitals and state and county institutions for the insane or the feeble-minded sometimes have considerable influence with members of the legislature, who have met them in connection with appropriations made by the state or county. Therefore, it sometimes pays to solicit the special co-operation of such persons.

If, by any possibility, the Governor and a few prominent members of both the Senate and House can be shown, first-hand, the conditions which your bill is intended to remedy, and then and there told what improvement will result from its passage, this is invaluable.

Personally, I am not much of a believer, so far, at least, as their efficacy with members of the legislature is concerned,

in petitions, circulated broadcast all over the state and signed promiscuously and without the slightest sense of responsibility on the part of the signer, neither have I any confidence in the effectiveness of resolutions passed by organizations accustomed to take action on any and everything brought them, irrespective of real knowledge or conviction. The same thing applies to personal letters of appeal to members of the legislature. Where these are written from knowledge and conviction and show on their face that such is the case, they are effective. If they are either form letters or sent as the result of a more or less public appeal, their effect is relatively slight. The exception where petitions, resolutions and all sorts of personal letters do help, is where the legislature is not unwilling to pass a bill but wants to escape responsibility and give the impression that the bill passed as the result of a wave of popular sentiment sweeping everything before it.

Then, too, all of these things are useful in tying up to the cause men and women who in such ways take definite action and, thereafter, feel personally identified with the movement.

The wisdom of sending delegations of citizens to the capital depends on circumstances. If such delegations are made up of representative citizens known to be such by the members of the legislature and whose opinions have weight with the members, or are so large and enthusiastic as to be really impressive, they are valuable adjuncts to any campaign for legislation. In this connection too much emphasis can not be laid on the importance of keeping your cranks and fanatics, your people with unpleasant personalities, your tactless, bumptious associates away from the capital. It is a grave question in my mind whether insistent personal interviews on the part of all sorts of individuals, many of whom are not especially well-informed, even if possible to secure, do not wear out the good nature of a legislator and incline to predispose him against your bill. At all events, it is always well to remember that more flies are caught by molasses than by vinegar.

From the moment your bill is introduced in the legislature until it is finally passed some one should be actually at the capital of your state, definitely on the job of looking after that bill.

Needless to say, a great deal depends on the selection of the right sort of person for this work.

A newspaper man, experienced in reporting legislative matters, interested to some extent, at least, in social questions, who has already established relations of a not unfriendly character with the Governor and members of the legislature, and who is, above all, absolutely dependable, will probably be most serviceable. If such a man is not obtainable, a young lawyer who is active, aggressive, keen-witted, of pleasing personality, interested in social betterment and reasonably familiar with the intricacies of legislative procedure, is probably your next best choice. Whoever he may be, some such representative at the capital should be the general of your campaign; watching the progress of your bill and keeping you informed of every step in its career; interesting individual members in its passage; securing the support of the newspaper men at the capital; arranging for hearings before the Governor and the proper committees, when desirable; ferreting out all opposition to the bill and doing all in his power to disarm it; advising you as to your campaign of publicity, etc., etc.

With the aid of such a man, it ought to be possible to educate certain selected members both of the House and Senate as to the merits of your bill. A few such men, if inclined to help you, should be given printed or typewritten statements prepared with the utmost care and telling your whole story. The Governor, unless avowedly hostile to you, should also, from the very start, have personal access to a complete and forceful statement of your case. From time to time such information should be reinforced and supplemented as occasion requires.

Back of all these efforts, however, and conditioning their success and effectiveness, is the Mental Hygiene Society which makes use of them. If it is made up of earnest, sincere persons, single-hearted in their desire to be of constructive help to the mentally sick or defective and to those officially charged with their care and treatment; disinterested, painstaking in their investigations, careful in their statements of fact; avoiding the criticism which merely destroys; eager for light; open-minded in spirit; sympathetic with institution men who are trying to

do their best despite antiquated buildings, inadequate finances, poor moral support and unfair criticism, and avoiding unnecessary antagonisms, then ultimately without any possible doubt, success will crown their efforts in legislation as in all else for which they may strive.

ORGANIZATION AND CONDUCT OF THE PROBLEM OF THE MENTALLY ILL IN MASSACHUSETTS

L. VERNON BRIGGS, M. D., *Secretary of the State Board of
Insanity, 1914-1916.*

In the administration of the affairs of the mentally ill in Massachusetts, we feel that we have been comparatively free from the evil of political interference. To be sure, there have been several recent upheavals in our central body, but these have shaken the progress of individual hospitals hardly at all, nor has the supervisory work been at any time interrupted. Each reorganization has been a progressive step in state administration; the board or commission has lost nothing, and has gained much in opportunity for efficient work. Let me say right here, however, that more depends upon the personnel of the central body than upon its organization: a strong man who has the respect of the superintendents of the various institutions can accomplish good work, even if his organization is not perfect; no mere organization can safeguard us against inefficiency.

For ten years previous to 1914 our central governing body consisted of an unpaid board of five members, who appointed a paid executive secretary. This board accomplished some very progressive work in the establishment of full state care. As is usual in such cases, the power was almost entirely in the hands of the executive officer, and in 1914 the board was reorganized, in accordance with the report of the State Commission of Economy and Efficiency, as a paid board of three members, and was given greatly increased powers. I served for the last year on the old board, and was secretary of the new board until its reorganization in 1916—of which I will speak later.

The old unpaid Board of Insanity had "supervision" over all the institutions for the mentally ill, but could only make recommendations which it had no power to enforce. Under the law of 1914, the board was given control of the institutions, and although its friendly relation to the hospital changed but little,

its actual power was greatly increased, one of the most important changes being the transfer of the work of construction of new buildings, unusual repairs, etc., under special appropriations over \$2,000, to its direction.

I feel that I am better qualified to speak of the work of this board than of any other, as I served under it until last summer, when my time expired and, for reasons political, the board was abolished and a Commission of Mental Diseases established, to consist of a paid director—who is at present my good friend Dr. Kline—and four "associate members." This, as you will see, is a return to one-man power, but with that man directly responsible to the Governor, rather than to an unpaid board or commission. All the powers and duties of the recent Board of Insanity were taken over by the commission, with the very important addition of **full control of all private institutions**. These institutions are licensed by the commission, and are obliged to renew their licenses annually.

The Commission of Mental Diseases, then, has supervision and control of all of our public and private institutions for the insane, epileptic, feeble-minded, and those addicted to the intemperate use of narcotics or stimulants. "It has a right to investigate the question of status or condition of any person in any of its institutions, and to discharge any person if, in its opinion, he is not insane, or can be cared for without danger to others and with benefit to himself. Matters of transfer and distribution of patients, deportation of patients to other states and countries, claims to support as state charges in institutions," etc., are all under the immediate direction of the commission, as well as the work of new construction, previously mentioned, and the licensing of private institutions. Under the Commission of Mental Diseases we now have sixteen state institutions.

The activities of this central body are various. Not the least important of its many duties is the direction of the policy of the state hospitals. During my own administration the following new work was accomplished:

1. The two remaining **state asylums**, at Medfield and Worcester, which had been retained for the care of chronic cases, were converted into **state hospitals**, with departments for all

types of cases. We proposed to have no place in our state for "hopeless cases"—no place where patients might not look for benefit, and where doctors, nurses and attendants should not have the encouragement of doing progressive work. Even at the Grafton State Colony there was erected, under our administration, a psychopathic building for acute cases.

2. The supervision of patients boarded out in **family care** was transferred from the state board to the various hospitals, this being a further extension of the policy of the board that each hospital should be responsible for the mentally ill in its own district. In some of our hospitals this greatly stimulated the interest in the policy of family care, and the number of patients boarded out has been greatly increased in their district.

3. A much more thorough **classification** of patients was made throughout the state. **Epileptics** not already specially classified were transferred from various institutions to the Monson State Hospital for Epileptics and to the Grafton State Hospital, for the purpose of separate care and treatment; the insane epileptics were transferred to the Grafton State Hospital, the Monson State Hospital having been organized as a school for epileptics—though epilepsy and insanity are so closely associated that new cases of insanity are continually developing in the epileptic hospital and of epilepsy in the insane hospitals, making it always difficult to keep a complete separation of epileptics in any one hospital.

Women **inebriates** and drug cases, previously cared for in the various state hospitals, were all transferred to the Westboro State Hospital, where a special ward was assigned to them, so that they need not come in contact with the insane population.

The **criminal insane** men are now all sent to the Bridge-water State Hospital, but no special arrangement has yet been made for criminal insane women, and they are not segregated, but are still inmates of the various institutions for the insane and feeble-minded.

This brings us to the question of the **defective delinquent**—always a grievous one in every state. In 1911 a law was passed authorizing the state to establish a special institution for this class of offenders, but as no appropriation went with it and no

sufficient appropriation has yet been granted, these more or less irresponsible persons are still a problem in the various institutions under the Prison Commission, the State Board of Charity, and the Commission on Mental Diseases. Under our board it was voted to segregate this class of individuals in groups by themselves at two of our state hospitals, but owing to the lack of appropriations this was only possible in a small, experimental way. Our board, at the request of the Prison Commission, made surveys of the population of the Bridgewater State Hospital for the Criminal Insane and a partial survey of the inmates of the Massachusetts States Prison, the results of which I have already set forth in a recent paper covering the entire problem of the defective delinquent in Massachusetts.

4. Probably the most interesting and progressive work done by our board was the establishing of **district out-patient departments** in connection with nearly all of our state hospitals, with practically no additional expense to the state. This was the first organized undertaking for the prevention of insanity in Massachusetts. Within a month after its appointment the newly organized board began its work of establishing out-patient clinics in connection with each of the institutions under its direction. At the end of four months, clinics were being held in twenty different places throughout the state, and at the end of a year practically all of our state hospitals and schools for the feeble-minded had out-patient departments, some of them holding clinics in four or five adjacent cities and towns within their respective district. The last report of our late board, for July, 1916, shows clinics held in thirty-one different places throughout the state, of which seven were under the auspices of the Danvers State Hospital.

5. Our board, in 1915, adopted a **schedule for the medical staffs of state hospitals**, standardizing the salaries of all medical officers, and this schedule was approved by the finance committee of the Governor's council.

6. The **records** of all our state hospitals have been standardized, so that they are now uniform in information, size, color and quality of paper. This system was worked out by a committee of superintendents; it was found that a considerable

economy might be effected by ruling inside pages in black ink, instead of red, as heretofore, as the expense of ruling in red nearly doubles the cost of printing.

7. A **uniform curriculum for nurses** at the state institutions under the direction of the State Board of Insanity was adopted by a vote of our board, in accordance with the report of a committee of superintendents, providing a three-years course for graduation as nurse (including at least nine months' work in a general hospital), and a minimum course of at least one year for attendants, all final examinations to be conducted by a **central board of examiners**, appointed by the State Board of Insanity.

8. In 1914 our board voted that no **sedatives, narcotics, alcoholics**, or other stimulants, including mixtures containing the above, should be allowed on any ward in a state hospital, nor in any nurse's room adjoining the ward, and that all antiseptics should be kept in small quantities only, in locked closets, to which only the supervisor should have access. All drugs, alcoholics and medicines, whether poison or not, are dispensed from the dispensary in doses, as prescribed.

9. It was decided **not to approve the appointment of any staff physician who had not had previous experience** in the care and treatment of the mentally ill, or who had not taken some special course along this line. A **training course** for state hospital service was arranged at the psychopathic hospital, which now affords the necessary special preparation.

10. It was found necessary in 1915 to define the word **seclusion**, to insure the uniform carrying out of the non-restraint bill of 1911. This law provides that no mechanical, chemical or therapeutic restraint of any sort shall be used in any institution for the mentally ill, nor confinement nor seclusion permitted, except by the order and in the presence of the superintendent or physician in charge. There was some difference of opinion as to what constituted seclusion, and our board voted "That hereafter seclusion shall include the shutting of doors, with towels or otherwise, whether they are locked or unlocked, in such a way that the patient from the inside can not open them, and that no general orders shall be given for seclusion,

and that no orders shall be given which shall be effective for a period longer than 24 hours."

11. The policy was established of having all institutions open to relatives and friends of patients and to the general public every day of the week. All of our institutions now welcome visitors on week days, and most of them are open on Sunday also, at least to relatives and friends.

12. **State-wide pathological service** was established under our board, with laboratory headquarters at the psychopathic hospital, and a state pathologist and assistant pathologist were appointed. All cases of accident and injury are now reported to the board's pathologist, and all cases of unexplained sudden death are immediately investigated, autopsies held by the state pathologist, and reports made to the board. These deaths and accidents are made a subject of scientific investigation by our pathological department, for the purpose of ascertaining the causes and reducing the number of such happenings.

Later, the board appointed a special investigator of **cerebro-spinal syphilis**, and offered the hospitals the assistance of the state board in providing serum sufficient for treating a large group of cases and in making the necessary examinations of spinal fluids in the treated cases. A new center was established for the investigation and treatment of brain syphilis at the Sumner Street Department of the Grafton State Hospital, rearranging the buildings for a psychopathic department, which the commission has now established at Worcester.

Occupations. We have occupational departments in all of our state hospitals, some of them well organized for therapeutic as well as for industrial work. An act of the legislature in 1911 provided for the appointment of a State Supervisor of Occupations, to organize therapeutic occupational work in the state hospitals, and to train a sufficient number of nurses and attendants to carry it on. This state position has now been abolished, as the hospitals are now well organized to develop their own occupational department, and individuality in this important branch of treatment is greatly to be desired. Our state is far from having reached the ideal in this direction, but I feel that we have made some important progress in the last five years.

Psychopathic Service. I need say little of our Psychopathic Hospital, which is already well-known throughout the country. Heretofore it has been a center for psychopathic work for the entire state, though the great majority of its work has necessarily been local. This year the commission has put through a new law for state-wide psychopathic service, the idea being eventually to establish a psychopathic hospital in each hospital district. It will take some years to carry this out, but the work is already being extended in Worcester, in connection with the Grafton State Hospital. A function of the Psychopathic Hospital not generally recognized is that of training young physicians and other workers, not only for our own service but for work in other states.

Trustees. Each of our state hospitals has seven trustees, appointed to serve without pay for four years. Although the commission has general control of the institutions, the responsibilities of these trustees are by no means insignificant. The trustees of each institution have the power of appointment and removal of the superintendent and treasurer, with the approval of the Commission of Mental Diseases, and the appointments of all other officers must be confirmed by them; they should from time to time make suggestions to the Commission on Mental Diseases for improvements in their institutions such as will make their administration more effective, economical and humane; they are expected to ascertain whether their institutions are conducted according to law; to make thorough visitations at least once a month; to inspect every part of the institution as to cleanliness and sanitary condition, the number of persons in seclusion or restraint, dietary matters, and any other matters which may be considered worthy of observation; upon request of the commission they must investigate any case of sudden death, accident or injury and report to the commission. They have free access to all books, records and accounts pertaining to their respective institutions, and must be at all times admitted to the buildings and premises thereof. They meet monthly, and keep a record of their doings, which they report to the Commission of Mental Diseases, as their superintendents report to them. They must personally hear and investigate all complains made

by patients, officers or employees of their institutions; they have power at any time to cause the superintendent or any officer of the institution to appear before them and to answer any question or produce books or documents relative to the institution. The trustees make annual reports to the Governor and council of the condition and needs of the respective institutions under their charge.

There has been some complaint among old trustees that their powers have been curtailed under the new law, and that their position is no longer one of dignity and responsibility! The one important change in the law is that in regard to the purchase of new land and the construction of new buildings, but all such work must still be approved and reported by the trustees before it can be undertaken by the commission. The power of appointing and dismissing the superintendent and treasurer should certainly give them full control of their own institutions.

I have mentioned so many of the accomplishments of the board with which I served, not only because I am justly proud of its work, but because I feel that it is a fair example of what may legitimately be done in the way of centralization. I fully realize the possible evils of arbitrary central control, but I feel that wise centralization and standardization are very desirable to insure uniform good treatment for patients in all parts of the state. We have tried to avoid interference in local self-government in our institutions, so far as is consistent with this ideal, and have made a policy of submitting mooted questions to committees of superintendents.

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MINUTES OF THE ASSOCIATION.

The forty-first annual session of the American Association for the Study of the Feeble-Minded met in New York City, June 1st and 2nd. A morning and afternoon meeting was held on each day, at the Hotel McAlpin. The Friday morning meeting was called to order at 10:30 by the president, E. J. Emerick. The program for the morning was as follows:

President's Address. E. J. Emerick, M. D., Superintendent Institution for the Feeble-Minded, Columbus, Ohio.

"A Review of the Campaign in Pennsylvania to Secure Legislation for the Feeble-Minded." Robert D. Dripps, Secretary, Public Charities Association of Pennsylvania.

"The Individuality of Mentally Defective Persons." Helen McMurchy, M. D., Inspector of Feeble-Minded, Department of the Provincial Secretary, Ontario.

General discussion.

Dr. Emerick prefaced his address with the following remarks:

A very short time ago Dr. Kuhlmann wrote me, telling me

it was about time to be arranging for a program and for time and place for the annual meeting, this matter being left to the secretary and president. I replied that I had no idea who the president was, and he informed me then that I had been elected president of this Association, at which I assure you I felt very much honored, and sorry I did not know it sooner. Dr. Kuhlmann has arranged the program, and I see he has the president's address down for the first number. I shall not inflict anything very long on you. This paper is really rather to tell you what we have been doing recently in Ohio—a little outline of our work in the last year or two.

Dr. Emerick's address dealt with the progress made in Ohio during the last two years in the way of securing legislation, and the growth of the institution at Columbus. The care of the defective delinquent was especially dwelt on. Mr. Dripps' paper followed.

Mr. Dripps outlined in detail the elaborate campaign carried out in Pennsylvania to secure legislation for the feeble-minded. The method of organizing and carrying out its various phases, and the results accomplished were discussed. A general discussion followed.

Dr. Emerick: I am sure we are all very much interested in the problem of securing funds from the legislature, and the paper is now open for discussion.

Dr. Swift (Harvard Medical School): How many cases are there?

Mr. Dripps: We asked for \$346,000 for this village. It was authorized by the legislature of 1913 and an appropriation of \$40,000 made at that time. It was provided that the site should be taken from public forest lands. When the legislature of 1915 met, practically all the money had been expended, and it was assumed that another appropriation would be made, instead of which the legislature adjourned without appropriating a cent, and that was what occasioned this campaign. We felt that after a thing of that sort had happened we would have it going on indefinitely. When it came to the session of 1917 it seemed there ought to be a larger appropriation to make up for the loss of time, therefore we asked for \$346,000. I don't believe any

such amount as that will be appropriated at this time; there might have been but for the war, but from present conditions, I should say that from \$100,000 to perhaps \$250,000 is all we could expect at this time.

With regard to the number of cases in Pennsylvania, we have under institutional care upwards of 3,000, perhaps 3,000 to 3,500, in institutions where they properly belong, 500 to 600 in institutions for the insane, a considerable number in almshouses and penal and correctional institutions, etc. When it comes to indicating what the total number is, I do not believe we are in any better position to give the figures accurately than any other state. We went on an assumption of two to every thousand as a minimum, probably from seventeen to eighteen thousand in the state, or three or four thousand receiving institutional care. It has not been necessary to argue the question of having every feeble-minded person in an institution.

Dr. Bernstein (Supt. Custodial Asylum, Rome, N. Y.): I am not surprised that they don't take kindly to these things and help us quickly. This suggestion for an institution for women of child-bearing age located on waste land in a territory far removed from civilization—if you put them in a place like that, what outlet is there for their energy? That is a problem you have to consider, the problem of an outlet for their energy. There must be an economic outlet for their energy. As I talk with members of legislatures, I meet with that question very often, "What are you going to do with the women?"

Mr. Dripps: A rather interesting thing was attempted to meet that problem. When the site was selected it was on the border of a forest reserve; there was excellent arable land just across the line, and the people of that locality in view of the fact that the state was not able to purchase any land, bought and presented some of that land, and added it to the original site.

Dr. Bertha C. Downing (Winthrop, Mass.): I used to be a Pennsylvania institutional worker, and I have great respect for the things done there. One thing occurs to me. It seems to me it needs a big philanthropy to join with the state to see that more of this is put into the medical schools. They are putting

in psychology, but psychology is not old enough yet to depend on. There is a great deal more needed in the way of child study.

Dr. Murdock (Supt. Institution for Feeble-Minded, Polk, Pa.): Being from Pennsylvania, I am more or less familiar with this campaign that is being carried on. It has stirred up a lot of interest in the subject, and people understand the situation in our state better today than they ever did before. I have had an enormous amount of inquiry (which has increased my correspondence very greatly) unfortunately without increasing our ability to take care of more people. The action of the legislature has not come. But all knowledge is a good thing, and I appreciate the efforts that have been made to give the people of our state an intelligent idea of our problem of caring for the feeble-minded.

I want to see the state have greater accommodation. We are now taking care of 2,000 in the Polk institution, in Spring City they are caring for 1,000, and at Elwin, in the state institution, there are something over a thousand. I am not altogether in sympathy with an institution for a special class of feeble-minded people. I wrote a paper on that after this appeal was presented, and the Governor appointed me a member of the committee. I said I was willing to accept the position on the board to aid in any way I might in instruction or organization, though not feeling altogether in sympathy with a plan for an institution for a particular class of feeble-minded.

Dr. Swift: One more question along the line of the particular consideration of this problem. It has been suggested that this type of individual should be excluded from the militia. I think there are two sides of this problem, and that an entirely opposite suggestion might well be entertained. I should like to know what the experts, from whom we have heard, would think about this as a possible way of ridding the state of this overwhelming number of individuals. I should not propose that they be put into the army without diagnosis, or without proper supervision there, but it seems to me that as a means of sweeping them off the earth it would be a very good one.

Dr. Emerick: We shall have to limit the discussion to the papers at the present time. No doubt that will be taken up later.

There being no further discussion, and Dr. McMurchy, who had the next paper on the program, being absent, Dr. Dawson's paper on "Results Obtained from the Removal of Tonsils and Adenoids in the Feeble-Minded" was given next. The paper gave a brief statement on the operation for adenoids and enlarged tonsils of 112 feeble-minded in the Sonoma State Home at Eldridge, California. Twenty-four per cent showed mental improvement after the operation. A discussion followed:

Dr. Emerick: Dr. Dawson's paper is before the house for discussion.

Dr. Bertha C. Downing: Was any note taken of the condition of the children's teeth after removal of adenoids? The dentists claim that adenoids act as drainage and they are not operating so much on adenoids now for that reason.

Dr. Dawson: It did not have any bad results in any case. There was one that tried to bring on a hemorrhage by scratching her throat. But every one was successful so far as after-effects were concerned. No special note was taken of that point.

Dr. Downing: There can be no good piece of work on the teeth after the adenoids are removed.

Dr. Haines (Supt. Institution for Feeble-Minded, Lapeer, Mich.): Four or five years ago we had the tonsils removed from three or four hundred children. The children improved in physical condition, and somewhat mentally, but these same children having had their teeth treated and attention given to them, have improved much more on that account than from the removal of the tonsils or adenoids, except where they were diseased. The greatest benefit has come from cleaning their defective teeth.

Question: I would like to ask a question in regard to the improvement of mentality. I wonder if the speaker would be a little more explicit as to the improvement of mentality; was any test taken previously and then afterwards, or were there new mental activities that showed themselves?

Dr. Dawson: Had the Binet test on most of them, Waserman on all, and while we did not have time before my visit East to tabulate the tests, the improvement was apparent. I have a great deal of faith in the clinical study of these people

independent of the Binet method or any other method, and it was merely from observation that this improvement in the mentality was noted. There was an improvement both mental and physical, as I stated.

Dr. Bernstein: We know clinically that a lot of these cases show improvement that the Binet test may or may not show; we know whether a boy can button his own clothes or feed himself or not, and we think they are higher grade when they can do these things.

Mrs. Brown: When a child is able to button his clothes and fasten his shoes he has, I think, an innate capacity that can be trained so that he can do a great deal.

Dr. Bernstein: I have seen a criminal boy who was asked the same question several times and would not answer it because he had been asked before.

Dr. Emerick: Anything further, Dr. Dawson?

Dr. Dawson: We have a psychologist who is doing faithful work, but he did not have time to make any positive statement before I came away. The whole thing was on observation, all that I presented.

(Miss Elizabeth Farrell announced that the teachers of backward and defective children in New York City would give a reception to all the delegates of the conference, at the Hotel McAlpin, during the evening of June 1st, and the president stated that the invitation was received and accepted with much pleasure).

Dr. Emerick: Before we adjourn I feel that there is a matter which we ought to take up. This Association, I think, since Dr. Rogers' death, has felt like a ship without a chart. We realized last year that he was on his death bed; it has cast a gloom on the whole Association; I do not think any of us feel quite the enthusiasm we did when he was with us. I should like to appoint a committee to draw up a special resolution, and on that committee I will ask Dr. Fernald, Dr. Murdock and Dr. Keating to serve.

Dr. Fernald (Supt. Massachusetts School for Feeble-Minded, Waverley, Mass.): I move that one session be set apart as a memorial session to Dr. Rogers. The motion was carried.

Dr. Emerick: When do you suggest that this session be held?

Dr. Fernald: I would say it should be left to the president. It could be announced at the next session.

Dr. Murdock: Could we meet at eight o'clock?

Dr. Fernald: It would be rather unusual to omit the session—you mean eight o'clock instead of this afternoon? There will be people coming to the meeting at the scheduled time. It would be rather breaking faith.

Dr. Bernstein: I move that we meet at 3:30 instead of 2 o'clock.

Dr. Fernald: It would be rather a long wait for anyone who came on time.

Dr. Bernstein: I withdraw my motion.

Dr. Dawson: I move that the afternoon session be held at the regular time. The motion was seconded and carried.

Afternoon Meeting, June 1st.

The afternoon meeting was called to order at 2:15 by the president.

The printed program was as follows:

"Results Obtained from the Removal of Tonsils and Adenoids in the Feeble-Minded." Wm. J. G. Dawson, M. D., Medical Superintendent, Sonoma State Home, Eldridge, Calif.

"Syphilis and Feeble-Mindedness." Walter E. Fernald, Superintendent Massachusetts School for Feeble-Minded, Waverley, Mass.

"Sterilization." John Randolph Haynes, M. D., Los Angeles, Calif.

General Discussion.

Business Session.

Dr. Dawson's paper had been read at the morning meeting. Dr. Haynes was absent, and his paper read by title only. Dr. Fernald substituted a paper on "The Diagnosis of Borderline Cases" for the one on the program. He presented an extended discussion of this subject, illustrated with a number of charts and tables. The paper gave, in the main, an elaborate method of procedure in ten different fields of inquiry concerning a case, such as school record, psychological examination, etc., and

brought the results together from these fields from the examination of a number of cases.

Dr. Emerick: I am sure we have all been very much interested in this instructive paper. It is now open for discussion.

Dr. Murdock: When Dr. Fernald unfolded his paper I thought I was going to be able to say: "I alway did enjoy that paper!" but I see it has been very much elaborated on, and shows the painstaking and thorough manner in which the study is being carried on in his great institution. I think this is something we can all take home with us, ponder over, and then use a little more care than perhaps some of us have done in this question of diagnosing these cases. The other day a woman in my institution was trying to persuade me that her child, who had been sent there by the Juvenile Court, should not be there, should not be in an institution. The child could not read, etc., but then, the mother said, "Neither could I read at her age."

(Interruption): Can she now?

Dr. Murdock: No. (Laughter).

Dr. Little (Supt. Institution for Feeble-Minded, Theills, N. Y.): I question much of the evidence in babyhood of the child who grows into the high-grade case, and also in regard to the percentage of physical defects in the high-grade moron cases. Do you find a large percentage of physical defects in these high-grade cases? What is the evidence in babyhood?

Dr. Fernald: I should say that we want a lot of information on that point. I should say the majority of cases even in the high-grade—I have been struck with the fact that you do get even in the high-grade cases—well, one of our cases yesterday was a child that cried incessantly night after night and all night long, and that seemed to be the developmental evidence in that case. An ordinary baby may have his faults, but he does not cry all night, as a rule. Then I have been struck with the consistency with which, in the high-grade cases, you find all these evidences. Even in the good-looking boy or girl we have found when we came to the anthropometrical field some very constant variations from the normal, in the cranial measures particularly, and in facial stigmata. Of course no individual is perfect, but if we have half a dozen evidences it is a significant thing; if we find

in the case of a healthy little boy or girl one upper incisor or double incisor, or a very high dental arch, excessive growth of hair, or dissimilarity in the ears, or misshapen ears, it is significant. I think in high-grade cases you find variations of that sort rather than gross ugliness or obesity or excessive height.

I have been much struck with some work at Vineland. We have always had, I suppose, but I have never noticed before cases where there was a parallelism between age within a wide divergence. I hope Dr. Goddard will give us an authoritative story of the curve; we most of us know very little about that now.

Dr. Swift: I should like to ask Dr. Fernald why so little has been expressed in this paper about speech. I would like to ask if he would include an eleventh category under the speech sign, or something of that sort.

Dr. Fernald: In the syllabus, under Physical Examination, there is a place left for speech. I think there should be a separate syllabus under the physical or developmental story, a syllabus with full information in that particular field. I think that would be a splendid job for Dr. Swift to work up.

Dr. Bernstein: I am glad that Dr. Fernald believes that not every fool is a liar or a thief. If I send a boy or a girl out, there is a cry that the boys burn buildings and the girls are immoral. It is not so. I say there are many of the feeble-minded who are better citizens than I am.

Dr. Emerick: I see Dr. Goddard sitting back there, very quietly. Won't he come forward?

Henry H. Goddard (Director Department of Research, Vineland Training School, Vineland, N. J.): There are so many things about this paper that one would like to stop and comment on and discuss, but I will just speak of one thing that specially interested me, as it seems to lay clearly before us what we might call the outline of a plan for future work. Just in proportion as this curve (pointing to chart) comes up toward the top line, just to that extent we would have a right to conclude that any one of these ten criteria is as good as any other, and any one of them as good as all put together. Dr. Fernald is perfectly right that at present we have to piece together all

these bits of evidence, but it is solely because no one of these comes all the way up. If it did there would be perfect correlation between them all. I think that indicates as clearly as it could be done the lines along which we may work intelligently and scientifically in our study of this problem of feeble-mindedness; every bit of evidence we can get that increases our knowledge of the relation between any two of these ten things helps us amazingly. There are two of them that are particularly striking, the psychological and the school work. We are realizing now that a child that has had school experience and gets three or four years behind his grade is almost certainly, concluding as certainly as we would be willing to do from any other criteria, feeble-minded—and the same with the psychological, as was pointed out. I think all these curves help us to understand the lines along which our work in the study of the problem will be most profitable—and that in itself is no small contribution. I congratulate Dr. Fernald on bringing it out so clearly to us.

Speaker (name inaudible to reporter): When we get that all the way up shall we not have to admit that we are all feeble-minded, and all normal? Science has given us no definition for either feeble-minded or normal.

Dr. Dawson: The strongest point I can make in answering questions is that you have to live with these people to understand them, you have to live with them a good many years in order to know them. I have been over fourteen years with my people, and I don't know them yet, and if you have to live with them in order to understand them, is it possible to determine, in the course of the discussion of a few hours or a few days, what is a feeble-minded case, without opportunity to study its peculiarities and characteristics?

Dr. Emerick: This subject particularly interests me at this time, since we have opened our buildings for the defective village boys and girls. I find it rather hard to keep out what I consider the normal. I recently got a request from one of the probate judges of the county asking me if I had room for a certain girl. According to this chart that we have here, she would be very high, No. 9, but the judge stated that she was a graduate of the high school, with one year in the normal school. I in-

quired why the court thought her feeble-minded, and said I would accept her temporarily, but I had grave doubts as to her being feeble-minded. I think many of our social workers are apt to judge by their moral reactions, and possibly are sometimes too quick to decide that a case is feeble-minded. They can not see how a person with good sense would act in certain ways.

Is there anything more in the way of discussion? If not, Dr. Fernald will close the discussion.

Dr. Fernald: I think there is little to add. I think Dr. Goddard's point is a very pertinent one. Perhaps it is not too much to expect that sometime we may look forward to a universal scale that may be backed up by enough knowledge to make diagnosis much easier than it is now. Of course the Doctor's point that it is necessary for us to live with the feeble-minded, if carried out logically, would take us back—as no one would wish—to the dark ages when the only way was to live with them and make a diagnosis. The work of Goddard and Kuhlmann and Binet and others, who have dissected and analyzed feeble-mindedness, is to incorporate scientifically these evidences which used to be the only evidence. I suppose Dr. Kuhlmann is as keen a diagnostician—I suspect there is none more subtle—as any in following the expression of these fundamental psychological variations which make up the picture of feeble-mindedness as we see it. My charts, in a way, put in a row there the evidence in each of these fields; if we had overwhelming evidence in the psychological field we would not need it in any other. You have to have the resources of the laboratory. In many cases you find a girl who has done pretty well at school, but you find her uncle was feeble-minded, she has misshapen ears, and her head is smaller than it should be, she has irregular dental formation—there is sure to be a defect. It seems to me it will be many years before we can, by cold-blooded laboratory examinations convince ourselves—to say nothing of the court—that these people are feeble-minded.

Dr. Emerick: Dr. John Randolph Haynes, of Los Angeles, who was to read a paper on "Sterilization," is not here. We will therefore close this session and hold our short business session.

The Committee on Time and Place for the next annual meet-

ing should be appointed at this time. I appoint that committee, therefore, to consist of Dr. McNary of North Carolina, Dr. Kutnewsky of South Dakota, and Dr. Baker of New Hampshire.

There is also the Committee on Nominations which should now be appointed. I appoint that committee, to consist of Dr. Fernald, Dr. Haynes, and Dr. Wylie.

I think there is no other business at this time.

Adjourned.

Saturday Morning Meeting, June 2nd.

The meeting was called to order by the president at 10:15 o'clock.

Dr. Emerick: There is one more committee to appoint—the Auditing Committee. On this committee I appoint Dr. Bernstein and Dr. Cobb.

The president read the following letter from Professor William H. Maxwell, City Superintendent of Schools, New York City.

Office of the City Superintendent
of Schools

1st June, 1917.

My dear Dr. Emerick:

Miss Elizabeth E. Farrell, our Inspector of Ungraded Classes—classes for feeble-minded children in the public schools of the City of New York—informs me that the American Association for the Study of the Feeble-Minded is holding a convention in the Hotel McAlpin. I am very sorry to say that after my long illness I am not yet strong enough to be present and extend the welcome of the public schools of this city. Permit me to do so, however, through the means of this letter.

I trust that your deliberations will mean much to those afflicted children whom you make it your province to study and help.

If you can assist us in any way by encouragement and advice, in New York City, in the care of such children, we shall all be heartily grateful.

Very sincerely yours,

WILLIAM H. MAXWELL.
City Superintendent of Schools.

The program was as follows:

"A Study of Inmates Discharged from the Massachusetts School for Feeble-Minded During the Past Twenty-Five Years." Walter E. Fernald, M. D., Superintendent Massachusetts School for Feeble-Minded, Waverley, Mass.

"Results of After-Care Work with Special Class Children." Elizabeth E. Farrell, Inspector of Ungraded Class, New York City Public schools.

"Characteristics of Feeble-Minded Speech." W. B. Swift, M. D., Harvard Graduate School of Medicine, Boston, Mass.

"Self-Sustaining Feeble-Minded." Charles Bernstein, M. D., Superintendent Rome Custodial Asylum, Rome, New York.

General Discussion.

Dr. Emerick: Dr. Fernald not having arrived yet, we will hear Miss Farrell first, on the results of after-care work with special class children.

Miss Farrell reported on the method of making this study, the aim in undertaking it for a period of ten years on a group of 600 children, and gave some results up to date, illustrated with charts and tables.

Dr. Bernstein: Miss Farrell has given such an important paper that I think the rest are going to be trash in comparison with it, and we ought to take up the discussion of it now.

It was moved and seconded that each paper be discussed after reading. The motion was carried.

Dr. Bernstein: This paper is just what we have been looking for. Two years ago Miss Farrell presented something like it, and that was the first opportunity to know something of the results of what we are doing. Two or three years ago we had a study of this kind as to what becomes of the insane at the end of a period of years. Then we began to ask, What of the feeble-minded? It is beginning to change our attitude toward the whole problem.

On the matter of segregation: We have heard so much of segregating the feeble-minded and piling them up in masses because they were dangerous, or because we could not make use of them. Here we are shown whether we can make use of them or not. We see what a large percentage can be made us of—

over half of them. What industry would shut up business because a small percentage of the output is a failure? Are we going to pile them up in a mass in custody much longer because some of them are failures?

In connection with the immigrant: We have slandered and lambasted the immigrant. We all know, for all that, that we need him. Miss Farrell has shown that the immigrant is bringing us something we need.

Dr. Salmon, of the Jewish Association, refuted an argument made before the Charities and Correction Conference tending to show how foreigners were bringing masses of dependents into the country. It was not a fair study. He analyzed the study and showed the failure of the argument, showed that the immigrant was bringing a great deal more to us than we have given him credit for, and not loading us with dependents and defectives, as we had been told.

There is a question in regard to the helpfulness of this after-care. Even if they did not intend to help, the mere going into the homes and visiting them would have a good effect. These people have been so in the habit of being kicked about and shoved about, that it would give them a new outlook, and a teacher who had the heart to go and see them at all would have the heart to treat them kindly.

As to their economic efficiency, they do need help, as Miss Farrell said, and any feeble-minded person economically efficient in some particular direction can spare enough for insurance, with some individual to follow around and help.

I was a little surprised to see Miss Farrell attempt to idealize crime, but I like it, and we will find a basis for it some day.

After these people are trained in these classes they find occupation along the lines of what they learn there. I hope some day the classes will provide the apprenticeship they need. In the old days a mason could make his son a mason, and a carpenter could make his son a carpenter. Today there is one large estate in New York State which is managed in the manner of a large English estate. There are mines on it, not economically productive; certain foreigners came to work in them; the activity was kept up to give occupation to the people who came

there. The boys go to work in the mines with their fathers, and while some of them are found to be sub-normal they can go into the mines and work. But the girls, the offspring of these foreign parents, are a problem. There is no apprenticeship for them, no particular outlet for their energy. They do not get along in the New York public schools, so they are a problem. Now they would not be a problem if there were some sort of apprenticeship. There will be something provided in time, no doubt.

Then there is the small lowest group. It would be interesting to know whether it was made up mostly of girls or of boys. I imagine mostly girls, and probably mostly connected with the white slave trade. In my work we have lost a few. It is merely another problem for the Society to take up and handle—this white slave problem.

About the small group who drift into crime: We know many of them drift into delinquency, and now a small group has to be considered who drift into crime. It is largely because they go out lacking apprenticeship which affords an opportunity for them to earn some money. They want money, and if they can earn some they are satisfied, and besides, they are kept in that way from a lazy life. If this could be supplied, I am sure we would see a smaller number showing criminal tendencies.

Question (no name given): I got the impression that the children who had been out the shortest time were doing the best. Is there anything in the charts to show that?

Miss Farrell: No, that has not been analyzed.

Dr. Little: I look upon this as a very interesting experiment, but not as really proving anything as yet. Because, as somebody said, this is a banner time for the feeble-minded, on account of conditions of employment, wages, etc., owing to the war conditions. It seems to me that what we want to know is what happens ten years from now; how many children from this group are feeble-minded; how many of the group have earned their living continuously for several years; whether it will be possible to follow up that group for several years to keep up their interest; and whether they will not drift into the old condition after being away four or five years. It is a mighty

interesting piece of work, and I hope the results will continue as shown in these charts, but I look on it as I do on Dr. Bernstein's work, as purely experimental and believe we must wait for years before we shall know whether we can handle the feeble-minded in that way or not.

Question (no name given): Do you not have children of fourteen who leave school for work?

Miss Farrell: No.

Same Questioner): The law varies in different states, perhaps.

Miss Farrell: Yes.

(Same Questioner): Do you in your instruction direct their future by teaching them certain lines of work, so that they may become efficient as carpenters' assistants, for instance, etc?

Miss Farrell: No. There is so little known about vocational guidance for normal children that it is almost impossible for sub-normal. I look with great concern on this loose talk about vocational guidance. I think the father's occupation determines very largely where a child of high-grade type will succeed. We have no trade schools for these children because, in the first place, no one knows what is a good thing for them.

As to what Dr. Little said, these reports are intended to be analyzed at the **end** of ten years, and out of them, at that time, we shall get the real thing as it relates to this six hundred.

Dr. Hadine: What are the highest wages?

Miss Farrell: The boy in the carpenters' union got \$26.40 a week, two boys in the pattern-makers' union, \$18.00, and from that they come down to one or two dollars a week. Some get \$6.00 to \$7.00, some up to \$14.00.

Dr. Hadine: In Maine if I should have any of them earning \$15.00 a week I could not get anybody to believe they were feeble-minded. A great many people believe that if a person is self-supporting that person ought not to be called feeble-minded. Another group of people think if there is anything morally wrong with a person he or she ought to be called feeble-minded. The question is perhaps whether some of those who are earning these high wages are feeble-minded. To my mind these high wages would indicate that question.

Miss Farrell: I said in the beginning that each of these were certified by a trained psychologist and a trained psychiatrist as mentally defective and feeble-minded. All I can do is to fall back on that. I believe you can all make wrong diagnoses, but at any rate three workers certified that these children were feeble-minded, so if it was a wrong diagnosis I will just have to ask the profession to bear it.

Dr. Baker: It seems to me if a boy is bright enough to join the carpenters' union he might get pretty good wages and still be feeble-minded. Dr. Fernald said a good many boys have little capacity for acquiring school knowledge and yet considerable ability for accumulating useful knowledge by experience. He might accumulate that and join the union and get good pay. I feel very much edified and instructed by this paper. I think it is a splendid paper and along the right lines from one who is rightly in touch with the subject, and I feel it is what we need.

For years we have been helping to shape public opinion on the matter of feeble-mindedness, and I bear in mind that the public now labors under the delusion—which we supposed at one time to be a fact—spread by the medical profession years ago; we have been considering the feeble-minded person as a potential criminal. I think that is correct today and will be in the future, but I think we will probably find out that the person who commits the crime has done it for the purpose partly of calling attention to himself, and that eventually the public will become educated to see that the after-life of the feeble-minded child may be so aided—as it has already been aided very greatly by education of the parents—as to reduce this.

Dr. Dawson: I would ask if there was any thought or anything done about sterilization in regard to the cases that went out. The public in California, or a certain portion of it, a certain class of people, is very determined on that point, that the majority of the feeble-minded, or any feeble-minded going out in the world from an institution, should be sterilized.

Miss Farrell: It is entirely too debatable a question for the schools to take up. If the three great religions got after the schools on this question there would be great trouble. And personally I feel we know so little about human heredity that we

ought to go slowly at least. Let us get facts first, and then study them. This study is an effort to get such facts.

Dr. Emerick: I am still a little bit of a believer that we are not quite careful enough as to whom we admit as immigrants to this country. Of course I do not know what proportion of foreign-born parents there are in this country, but I know that from one county in particular about fifty per cent of our inmates are foreign-born, and twenty-two per cent of the entire population are of foreign-born parents.

As to the carpenters' union, we admitted last year a boy who had his card to the union, and if I am capable of telling, that boy is feeble-minded. We also have a boy in our institution who is preaching at the present time, has charge of two churches, gets \$400. and does the janitor work and cares for the fires.

Miss Gundry: Is it not a fact that many inmates of institutions for the feeble-minded are more capable of working than many of those employed, on account of the training in their institutions? Are they not often more useful workers than the employees? I visited an institution in the west, where I was told that one of the most useful teachers there had been brought up and taught all she knew there. It seems to me the important thing is that we should have trained workers to direct these pupils. A great majority of them will turn out very well if they have the proper instruction.

Dr. Swift: Speaking of the immigration; when I was in Berlin I heard the expert nerve men there laughing because they used America as a dumping ground for their insane and feeble-minded. It is not so much so now as formerly; formerly it was pretty much the case.

Dr. Swift's paper was read next. He gave an account of the steps taken that led him to the study of speech, his method of examining cases of speech disorders, and noted some characteristics of the speech of the feeble-minded, which in the main were found to be meagreness, late development, and inability to form combinations of sounds or to sustain effort in the use of the speech mechanism.

Dr. Emerick: I do not think I gave Miss Farrell an opportunity to close her discussion.

Miss Farrell: I would only like to emphasize the fact that this is a study extending over a number of years, and this particular presentation is to be taken only for 1915-1916. These studies do vary from year to year, and in answer to the point about the boy who could earn so much money, I want you to remember that Dr. Fernald is responsible for the statement that a special teacher trains not only the children but also the parents, and that these boys who have succeeded have gone to work with their fathers. The school did not do it except as the school helped the parent to help the child.

This is not conclusive. I do not know what it is that we are going to find, and I do not care what we find. We have nothing to prove. If the day comes when special classes are put out of the city, I shall know we have done our work very well. Do not take this to be meant as conclusive. It is not.

Dr. Emerick: Dr. Swift's paper is open for discussion.

Dr. Swift: I shall be glad to have any questions asked. I look for criticism and help in this new field.

Dr. Herald: Does Dr. Swift feel the training, which increases sustained attention, would not be a fundamental kind of training for defects in speech form?

Dr. Emerick: I think we are all rather afraid to speak on this. I know, on Dr. Swift's diagnosis, that I am feeble-minded.

Dr. Swift: The question has been asked if sustained mental content would have its effect on the form of the output. I think phoneticians have made a great mistake in approaching this from the mouth side. They have approached it as a mouth affair when really it is not a mouth affair, and especially in these cases of feeble-mindedness, because as far as the mouth merely is concerned the utterances themselves are usually correct, but the combinations incorrect. So I would say most decidedly, yes, that sustained mental content has great effect on the form of output; in fact the system of speech drill that we have got up, for which we claim as much advantage as comes out of the industrial drill in the public school, is based on that very principle, that it is a building of the sensory content, of the sensory interpretation of that content, the whole mental concept in the

mind; the system of vocal drill is entirely a building up of the background of speech, not a mouth affair at all; and I would like to have time to present the whole thing to you, but it is a pretty exhaustive thing and could not be given in a few minutes.

Dr. Emerick: Dr. Bernstein has something to say, I think. He has an address to give on "Self-Sustaining Feeble-Minded." Dr. Bernstein's paper was then given.

Dr. Bernstein gave an account of his experience in the development of colonies for boys and girls of his institution at Rome, New York, which were begun a number of years ago. He described the manner of establishing these colonies, the supervision and selection required, the kind of work their boys and girls did, and the plan of extending them throughout the state. He showed that the boys' colonies, doing farm work mostly, had been more than self-supporting.

Dr. Little: I am very much interested in seeing this done, and seeing what the results will be ten years from now. I do not believe anybody else could do it but Bernstein; he has more energy than any six men I have ever known. Whether he is going to be able to follow up this proposition for a series of years I am not certain. I am not certain but what these girls are going to get away from him after a while, and that there are not going to be eventually a lot of feeble-minded children from these girls. I am with him and for him, but I don't want to do it myself. It is too much work! And it is an experiment, and I hope it will be successful, and if it is it is a bully good thing. That is about my feeling on the whole proposition. I personally could not go into anything of that kind because for years to come all our energies are devoted to building. We have started out to build an institution for three thousand, and when I have completed that institution then doubtless there will be many side issues I may be willing to take up, but I do not want to be drawn into anything else at all till I complete the job I am on.

Dr. Bernstein: I don't think we will ever have a completed institution.

There is one point I did not make. We can not take the high-grade moron among the girls, but can take the high-grade imbecile. But we can have colonies even for these girls. In all

small towns there are mansions on the outskirts of the cities that are not in use. Let us take some of these houses and put the girls in, with a good woman or two at the head of them, for sewing, or what not, that can be done at the house, though we can not allow them to go out into the homes in the community. The same with the boys. We shall see colonies in the industrial centers where boys can be handled under a foreman so that ten or twelve can go out and do useful work.

Dr. Fernald was then called on for his paper. His study concerned over 1500 cases discharged from the Massachusetts School for Feeble-Minded at Waverley during a period of twenty-five years. He gave a detailed account of the method of gathering data on these cases, the findings as to success or failure in making an independent living, the occupations followed by these cases, the number married, their children, delinquencies, and crimes committed, etc., and outlined a plan of state-wide investigation and control of all the feeble-minded in the state.

Dr. Emerick: We have had a great treat this morning. We have heard from several who are certainly doing some pioneer work, and I would like to hear from anybody now in discussion of this paper we have just listened to.

Dr. Swift: I would like to say a word to confirm what Dr. Fernald has mentioned about the military side, speaking for myself not as a feeble-minded expert but from the military standpoint. I was in the Massachusetts militia for four years, and when I was in Berlin I roomed where I could observe the training of the German soldiers, and I could well see that there are many tasks that these people can perform. I think this is a big enough problem for this Association to consider, and perhaps pass a special resolution on this afternoon. A year from now we may be sorry if we have not done so. What form the resolution should take will lie with men who are experts on this subject.

Dr. Wallace: I have been much interested in the papers this morning. A few years ago we were face to face with the problem of how to meet the great demand from the community to have certain of the higher grade feeble-minded returned to the community, and it was simply a question of having them run

away or allowing them to be summoned into court and discharged by the judge. Looking at the institution as but an agent of the community it was a question with us how we could be of greatest service; would we be most useful as standing out and saying none of these individuals should be allowed to go into the community? We placed a few of the girls and a few of the boys, and they seemed to get along very well. Then we had courage to incorporate that in our report on the possibility of paroling the feeble-minded. I thought that was something rather new, but very shortly I had a letter from Dr. Bernstein telling what he was doing in that connection and of his interest in our effort. The work has continued with us, and while we have no large number out, compared with Dr. Bernstein, as yet, I can say that they are doing well. We have had failures in this respect. For instance, one girl, feeling homesick, wanted to come back to the institution. We had her come, of course. I believe sincerely in the idea of paroling appropriate individuals from the institution into the community, but carrying with that parole, supervision by people who are trained in the care of the feeble-minded. Some of the girls whom we placed under agencies that were not familiar with the problem have not gone on well, because they applied the same principles to these girls and boys that they would to the normal boy or girl, and expected the same results. The ones who have done well have been largely where they have received supervision by people who are actually interested in these individuals. If an institution is properly interested in the cases that it allows to go back into the community it will certainly carry on its consideration for the care of the individual. I will say that I believe in paroling boys and girls whom we believe, from their service and conduct in the institution, are likely to do well.

Dr. Murdock: I am rather overwhelmed and in a condition of wonderment. I have heard this morning so much that is so different from what I have heard from those who speak with authority on this subject in years not many gone by, I hardly know what to think or what to say. I believe that it is a swinging of the pendulum that had gone too far and is coming back. The results of the after-care of these children, after they have

been through the special classes, or in the institutions, are extremely illuminating, though different from the reports of the After-Care Committee in Manchester, England, where they were not nearly as encouraging. The findings reported here today have apparently been made with more care and for a number of cases much greater, and I hope that is the case and that this work will be continued; and if the feeble-minded get along so well outside as these reports made here this morning indicate, I hope a great deal more will be done, for we must be getting altogether too many feeble-minded in our institutions. I am glad Dr. Bernstein is doing the work he is, but I think most of us had better wait till we have more light on the subject. As was mentioned, the labor conditions at present make it particularly easy for feeble-minded to get good wages, and we must not be carried away by that temporary condition, because almost any man can get work today, and when this war is over the feeble-minded are going to be the first to be shoved aside.

The feeble-minded boy in the army is another question. It is true that in camp life the feeble-minded boy can get along very well, but has he the judgment necessary for the soldier? Is he ready for the emergency to which he may be called? I am not very familiar with army life, but as I understand it, a man must be ready, if he is in the army, to do what he is called upon to do, and of course there is lots of digging to be done—but may he not be called on sometimes to shoulder a gun, and would he always be equal to the emergencies that might arise then? I knew a feeble-minded boy on the Mexican border who was on sentry duty. "Who goes there?" he asked of a man. And because there was no answer he shot him—one of his comrades. I do not know the details of the story. I know two other feeble-minded boys at Leavenworth in prison because they deserted. I hardly think that because a boy can dig or handle a spade he makes, necessarily, a good soldier. I do not intend to report any of my boys as fit for army duty. I think there will be lots of work behind the lines where they can do well, but I do not believe in putting a gun into their hands.

Dr. Emerick: I feel just a little like Dr. Murdock on this question of this placing out of the moron. Of course,

when I first entered the work, and before my time, the institutions were all, as I understand it, educational institutions, the object being to redeem the children to society and turn them loose. They were not started as custodial institutions at first. Then the pendulum swung so far the other way that we were going to segregate everybody that was feeble-minded or that would test feeble-minded. It is swinging back again now. Whether it has reached the proper point or not is not determined yet.

As to the boys being available for duty at the front, I feel I have some boys who would make very good soldiers. Of course I think we ought to be very careful in this.

Dr. Murdock: Would they have the judgment to carry a gun?

Dr. Emerick: It is a question. I was hoping this might be threshed out at this meeting.

Has anybody else anything further to offer? If not, Dr. Fernald will close the discussion.

Dr. Fernald: Years ago, when I was young, I was in a military company, and one of the first things I learned was that I was not supposed to have any judgment and was supposed to obey orders. It seems to me our modern life has carried that principle to the nth degree. I don't think the feeble-minded boy would make the absolutely best soldier, but I think he would make a very good one to do what he was told. I do not believe he would have initiative or judgment. My opinion is backed up by the visit of Dr. Salmon on the border. He found that these men were often given the unpleasant duties which the normal soldier did not want to perform; he did the camp policing and the cooking work, etc., and there was enough of that sort of work to take up any number of defectives likely to get into the army.

Of course we have not spoken today of the fact that when we talked of the feeble-minded twenty-five years ago we thought about imbeciles and idiots and not morons. When we discovered the moron we doubled the number of feeble-minded, and we carried over the generalizations about the idiot and the imbecile. It seems to me the big thing our discussion has brought out—

and I think Dr. Bernstein's and Miss Farrell's and our own experiences correlate the data—is that, instead of feeble-mindedness being an entity today in our thought, we have to say that each individual represents a very complex personality differing from every other personality, and that the individuality of the feeble-minded is almost as great as our own. We can no longer say they all need this, or they all need that.

Dr. Murdock correctly called attention to the fact that Miss Farrell's figures are better than ours. It seems to me it would be fairer to compare Dr. Bernstein's figures with hers than any of ours, because he has capitalized his successes instead of his failures.

Dr. Emerick: This closes the discussion, I think. I have a telegram from Vineland, which I wish to read before we adjourn. The president read the telegram, as follows:

"Greetings to all of you and most sincere regrets at not being there.
E. R. Johnstone."

Dr. Murdock: I move that the secretary send to Professor Johnstone a telegram expressing our extreme sorrow that he is not here, and wishing him a speedy recovery from his illness.

Dr. Little: I second the motion. The motion was carried.

Dr. Emerick: This afternoon's session has been designated as a Memorial Session to Dr. Rogers, and at this session the committee appointed to draft resolutions in regard to his death will report.

Adjourned.

Saturday Afternoon Meeting, June 2nd.

(Memorial session to Dr. A. C. Rogers).

The meeting was called to order at 2:30 by President Emerick. The following was the program:

"The Work of the Committee on Provision for the Feeble-Minded." Joseph P. Byers, Executive Secretary, Philadelphia.

"The Importance of Differential Diagnosis in the Study of the Feeble-Minded." Alice C. Hinkley, M. A., Dixie School, Richmond, Va.

"Education of our Children from a Genetic Psychological Point of View." Bertha C. Downing, M. D., Winthrop, Mass.

"A Study of Speech Defects of Ninety Feeble-Minded Chil-

dren." Elizabeth A. Walsh, Assistant Inspector of Ungraded Classes, New York City Schools.

"The Developmental Psychology of a Mental Defective by Vocal Drill." W. B. Swift, M. D., Harvard Graduate School of Medicine, Boston, Mass.

General Discussion.

Business Session.

Mr. Byers being absent, his paper was read by title only. Miss Hinkley's paper was the first one read, followed by discussion.

Dr. Swift: I have been much pleased to hear this communication, and especially impressed with the careful psychological analysis that has been carried through all these cases. There has been most careful detailed watch and tabulation of the most minute steps in progress during recovery, and such minute following of the cases is a bit unusual. Of course Miss Hinkley, in her modesty, would not mention that we have an institution where these speech cases can be sent, and receive scientific and thorough treatment.

Question: I would like to ask how the deafness which Miss Hinkley reported in one case was so thoroughly cured in a short time. If the child was really deaf how was that accounted for?

Miss Hinkley: Of course the recovery has been the source of much wonder to the physicians as well as to myself. It had a starting point in using a very strong hearing instrument, so that her attention was called to this stimulation of her hearing sense, and her vigorous intelligence reached out with such force of attention as to give a physical push to the brain cells of that neighborhood that started up association tracts, because at the end of five or six months before she began to try definitely to say words she understood everything that was said to her. She had to learn everything, did not know the name of a thing or the sound of a word. We did not use any instrument with her the first four months, she would not put up with it. The thing that gave me the most satisfaction was the Currier Conversation Tube.

That is all the explanation I can give. I have not had

time to go into the possibilities except to mention it incidentally to some neurologists.

The order of the program was followed for the remaining papers. For the next paper there was no discussion. Then followed Miss Wash's paper reporting on 90 cases of speech defectives in the New York public schools, which was discussed as follows:

Question: I would like to know what is meant by "neurotic lispers?"

Speaker from the floor: The very instructive paper of Miss Walsh's emphasizes a point which is often over-looked in the matter of speech defects, and for that matter, of general backwardness—that is the difficulty of hearing. This cannot be over-emphasized. There are very many more children who do not hear well than we think, and the hearing is often not slightly defective, but much more than that. But even a slight defect is of great importance. You may have noticed how, when there is a little bit of noise, the sound the speaker makes in articulate speech becomes lost to some of us. There is the same result from a slight defect of hearing in the child. Then there is the relatively high or low tone in which the speaker speaks. Those of you who are familiar with the hearing process know there is a difference between the hearing of the high and of the low tone. Then again there are those more serious hearing defects that are oftentimes overlooked. I have had children brought to me whose hearing was almost entirely gone, except perhaps one-quarter of the hearing in one ear, yet they had not been suspected of being deaf, because they had acquired a knack of learning for themselves to read the lips or watch the eyes of the speaker. In these speech defects and general backwardness we must lay more stress on the hearing capacity of the child than we have usually done.

Dr. Swift: I think this is a most creditable paper, but there are one or two points on which I should throw a little bit of doubt, not as criticism of the speaker, but I think it is a matter of terminology; I think I would put it as a hundred per cent. if you have really frank feeble-mindedness, where some speech defect shows. Of course, if you are talking about merely

phonetic defects and stuttering, you won't always find that, but if you broaden the definition to include termination of consonants and certain psychological things that accompany our normal utterance, there is sure to be found a larger per cent of speech disorder in the feeble-minded.

Then I should differ in saying that mental carelessness was a form of etiology in speech; I should like to know the evidence for that. It seems to me the vocal output is really gauged and determined by what we have heard before in almost a fatalistic way, so it is difficult even to try to be careless if ideas have been drilled into us from the beginning.

E. L. Kenyon: I do not know that I have anything important to add, but it strikes me as a little pathetic that we must necessarily take these children after the trouble is established, now that we understand that it can to a great extent be corrected. If the trouble can be corrected, why permit it to be established? Now, it is extremely difficult, as the reader of this paper will undoubtedly agree, to bring about the correction of a habit of speech—I do not care what habit it is—the repetition, the driving required to correct a habit of speech, or any other habit, is very severe. There is a movement already started which it seems to me should be brought before this body so that if it could come to their assistance they might be on the alert to help it along somewhat.

That movement is one that has for its purpose, as I understand it, the developing of a national organization with the idea of bringing about better conditions of speech, on the whole. Now my thought would be this: If that idea can be pushed and pushed, and pushed home, finally we will be able to educate mothers of children who perhaps have such children, so that they will not permit the development of such conditions. If we can go back to the inceptions of speech it will be easier to prevent the development of such troubles than it is to correct them.

I was unable to follow this paper in many respects; the noise is so great that I could not hear it very well. But I did not quite understand what the writer said with regard to the palate, with reference to what she calls lisping. I do not know

of any elemental defect of speech which is dependent upon imperfect movement of the palate. I do not know of any elemental defect which might be influenced by the palate, even though the condition of the palate is not correct. I could not follow her altogether in that respect. The palate has to do with speech only in respect to the nasalizing of speech or preventing of nasalizing, and no defect of the palate is capable of influencing elemental positions.

Miss Farrell: I am very much interested in what is said about this national movement for improvement of speech, but as a teacher I feel there are so many things that must be changed before we launch such a national movement. We know speech defects are increased after a child enters school; that may be due to certain systemic conditions in certain localities in cities. I have in mind the badly nourished children, the children who have never had a right start, and all the movements in the world for correction of speech can only come after improvement of these conditions. I think it is interesting, and to a certain group it will appeal, but to teachers of public schools it will seem a far call before we notice any improvement in the children.

Dr. Swift: We ought to be very glad to have with us Dr. Kenyon from Chicago. There are two points in which I would thoroughly agree with what he has said, first, as to putting the attack further back in the schools—it should be a preventive school, and should be put back as far as the superintendent would allow. Why not let the upper classes go out as they are, and start in the kindergarten? In Massachusetts we are introducing the matter of speech disorders to the kindergarten teachers, and we think we are a bit ahead of New York. I think there is a little shade of improvement there, by which we beat New York, after all. We have not taken it into the kindergarten in the schools, but into the kindergarten schools where the teachers get instruction, and they will take it into the schools afterwards. I think in New York it has been taken into the kindergarten itself.

Then I think we find we ought to go still further back. The home is the place to go. We ought to have a system of social

workers or some visiting people to go into the homes of the children for the year before they come to the kindergarten, and drill them in that way. Of course, the ultimate source would be the parents, to educate them and make it ideal from the start. That may be impossible. The reason we have to start in the upper grades now is because the superintendents will not take up the idea of the defective. I do not see that that point which Miss Farrell mentioned, that speech defects increased as the children came into the grades, is a very serious objection. A great many of the things we want to do in building up the experience of correct speech can be done in the home. In Massachusetts we train the young pupils in singing, not to teach them notes, but to build up their sensory experience.

Another point that Dr. Kenyon mentioned which I approve of is that of a general propaganda on improving English. Professor Platt has an organization, "The Speech League," which has that purpose. There is a similar organization in Germany. The German government requires that the players in the theaters shall have the Northern German, so no matter in what part of the country they are or where they come from, you get this ideal German on the stage.

Speaker from the floor: I should like to make a few remarks on speech. Perfect speech is dependent on pure tone. Pure tone is vocalized breath held at the lips without any physical interference. People who talk in public or in private use a guttural sound too often. We take the breath at the lips and let it go back to the throat. If I bring the breath to my lips and keep it there instead of letting it go back to the throat, then I have a perfect tone. As I said, perfect speech is dependent on pure tone, and pure tone is dependent on the breath being held at the lips.

I am a vocal teacher, but I also teach oratory, and my pupils have taken international prizes of all kinds for their pure enunciation. Pure tone is absolutely dependent on the breath being held at the lips. This really is not out of the province of teachers. We owe it to ourselves to speak distinctly, and we will not do so unless we hold the breath on our lips. The sound must not be kept at the vocal cords.

Dr. Kenyon: I do not wish to monopolize the time, but I would like to say this, to remove any misconception, because it seems to me such might arise. I quite agree with the lady who has just spoken, but I wish to remark that there is such a thing as disease of the throat and abnormal conditions of the nose which influence the throat.

Speaker (same as above): The incorrect speaking voice would make those conditions worse. Lifting up the breath and putting it on my lips has cured my throat. That shows what resonance does. If you keep the breath in the throat you irritate it, because voice is vocalized breath and is as solid as tacks or rocks. If you bunch up the breath at the mouth it does not irritate the throat. If you have anything in the throat that is susceptible to irritation the breath will make it worse. I have a good many pupils who have been cured by their lessons. It is folly to try to correct speech defects in other people until we have corrected them in ourselves.

Dr. Emerick: Miss Walsh will now close the discussion.

Miss Walsh: Dr. Swift speaks of going into the homes. You would have to begin with the older persons, because the parents have imperfect speech themselves and could not help the children correct the speech errors or in many of the cases of negligent lispings. I think that is all I have to say.

Dr. Swift's paper, which was given next, reported the development following vocal drill in one case. There was no discussion.

Dr. Emerick: The remainder of this session will be simply a business session. Anyone is welcome to remain, however.

After reading a letter from Dr. Wilmarth, the president called for the report of the Committee on Resolutions with regard to the death of Dr. Rogers. The chairman, Dr. Fernald, reported as follows:

Mr. President, Ladies and Gentlemen of the Association:

The committee appointed to draw a resolution with regard to the death of our secretary, Dr. Rogers, in making their report, wish to express their feeling of the inadequacy of any mere resolution to express what we, personally, and as an Association, feel in regard to Dr. Rogers.

Dr. Rogers was the pioneer spirit of this work, he was the oldest superintendent in the Association, and from the very beginning was most active in the affairs of the Association. He has been through all the time the continuing head, because presidents come and go, but the secretary was in office through all this period, and I am sure you will all agree with me when I say that the committee felt that the fact that the problem of the feeble-minded has been studied more carefully and more thoroughly, and the principles of care and diagnosis have been worked out more in this country than any other, is largely due to the services of Dr. Rogers in correlating and in balancing up and bringing together the different interests. It would be hard to find any one phase of feeble-mindedness that was foreign to him—diagnosis, new questions as they have come up in institutional care, general propaganda, special classes, mental clinics, psychological tests, eugenic significance of feeble-mindedness—and the last time I saw Dr. Rogers, to show how thoroughly up to date he was, he was more interested in Dr. Bernstein's plans than I can tell you, bubbling up with interest and enthusiasm and desire to know all that Dr. Bernstein had in mind.

We owe to Dr. Rogers' good sense, to his mental poise and balance, to his keen intelligence, to his wonderful vision and power of visualizing possibilities, individually and as an association, more than we can ever properly express.

Dr. Rogers had the capacity for strong individual friendships. He was a warm personal friend of every one of us. He was able to get my point of view, to get your point of view, to get the other man's point of view, and to strike the happy medium and find the common sense middle ground and practical course. My own personal relations with him have been very, very close. Dr. Rogers never let a year go by without one or two visits to me, and the best room in my house we used to jokingly call Dr. Rogers' room, and all who knew Dr. Rogers will appreciate that fact. He was just as likely to turn up at half past one in the morning as at eight in the morning, and he had no question about his welcome. My family and myself had that deep, intense, personal affection and love toward him.

My institution, my staff, my teachers, felt that, too. He had the power of instantly impressing every one of them with his sincerity and bigness of heart and splendid, generous, appreciative nature. So far as I know, Dr. Rogers never spoke ill of any man or woman; I have never known him to say an unkind or ungenerous word of any human being.

Now our committee, in presenting this confessedly inadequate resolution, are sure that you will see that it would be impossible to express what we believe and what we know about Dr. Rogers in cold words, but we present the following resolution as our report:

In the death of our beloved Secretary, Dr. Arthur C. Rogers, The American Association for the Study of the Feeble-Minded has met with an irreparable loss. For more than a generation, Dr. Rogers has been the mentor and guide of the Association, and of the work it represents. Of him, it may truly be said that this work owes more to him than to any other man of his time. He has freely given of the best of his life to the work of the Association.

Therefore, Be It Resolved, That this Association at this time expresses its profound appreciation of Dr. Rogers' inestimable service in behalf of this Association and the cause it represents and the deep sorrow that is felt by each member.

And It Is Further Resolved, That this resolution be made a part of the minutes of the Association and that a copy be forwarded to Dr. Rogers' family, to whom we extend our heartfelt sympathy.

Dr. Emerick: You have all heard the report of the committee: What shall we do with it?

Dr. Wylie: I move the adoption of the report of the committee. The motion was second and carried.

Dr. Emerick: To know Dr. Rogers was to love him, and I voice the sentiment of all when I say that his death cast a deep gloom on us all. I felt so depressed that I had grave doubts as to the success of this meeting, as I had never attended a meeting of which he was not the moving spirit.

New membership was taken up next. Dr. Kuhlmann read the applications for membership, as follows:

Anna Dwyer, M. D., Chicago.

Edwin A. Dart, Connecticut State Charities.

George P. Brown, M. D.

William Fergus Cornell, M. D., Supt. New York State Children's Hospital.

C. B. McNairy, M. D.

Dr. Emerick: You have heard these nominations. What shall we do in the matter?

Dr. Murdock: I move these names be recorded and acted upon at the regular time for such action, which I understand is at our subsequent meeting. The motion was seconded and carried.

Report of Time and Place Committee—Dr. McNairy, Chairman: We did not know what the opinion of the Association would be, whether to continue to meet at the same city and time with the A. M. A. and Psychopathic Association, so we thought we would bring the invitations before you all. As you know, I am from North Carolina, where we are trying to do pioneer work, and the little town near our institution has been much interested in this work, and sends this telegram: "Please present to convention a cordial invitation to the city of Kinston, to hold their next annual convention here." I have also telegrams from officials of the city and the Chamber of Commerce. Also from the Board of Trade. We are about eight or ten hours' ride from Baltimore, and people coming from the west come through St. Louis. We think the novelty of the contrast from a city to our eastern North Carolina town would be attractive. We have a problem in North Carolina which you gentlemen have long passed, and it has been our object to try to teach the people of North Carolina along certain lines, looking forward, as we hope, to the time when the necessity for our institution would not exist; but since coming here today I am somewhat in the position of my friend Watson in Washington: I don't know where I am at!

Dr. Baker: I have only to say that if the Society should for any reason deem it unwise to accept the kind and generous

offer made, or the people there for any reason could not receive us, I would be very glad to have the Society come to Laconia, N. H., where we have one very nice new hotel and two or three other reasonably decent hotels. The School is two miles from the city, and the Society could spend as much time at the city as they were able to. The hotel is commodious and the School could take care of some. I have no invitation to offer from the Board of Trade, but I feel certain it would be very gladly considered in case there is no commital to other parts of the country.

Dr. McNairy: While our hotel accommodation is not very large, we want you to get acquainted with us and we want to know you. That is the object of the invitation given by the Chamber of Commerce, and I assure you we will give you a large audience of laymen and you will have a welcome in all our homes, and I shall be delighted to entertain you one day at the School. We are very young, you know; I am physician, superintendent, farmer, and It.

Dr. Fernald: I move that the report of the Committee on Time and Place be accepted.

Dr. Kutnewsky: I understood that the matter of time was left to the executive committee. Have we not an executive committee?

Dr. Emerick: Not that I know of.

Dr. Murdock: The matter of time has usually been left to the President, Secretary and local committee of the place where we meet—where the meeting is to be held.

Dr. Baker: This is a critical time. We do not want to make any mistakes just now. I think it would be just as well for us to defer settling this question. I suggest that we accept the report and let the program committee settle the time and place.

Dr. Swift: I second the motion. The motion was carried.

Dr. Emerick: The report of the Committee on Organization, Committee on Nomination of Officers?

Dr. Fernald: I have not been able to get Dr. Haynes, but Dr. Wylie presented a report, nominating for Secretary, Dr. Murdock; for Treasurer, Dr. Keating; for Assistant Secretary, Dr. Kuhlmann; for President, Dr. Wallace; for Vice-President, Dr. Little.

Dr. Grossman: I move that the Secretary cast one vote for all nominated. The motion was second and carried.

Dr. Murdock: It has been customary to appoint editors for the Journal of Psycho-Asthenics.

Dr. Fernald: Mr. Chairman, there has been during the meeting some informal discussion of the question of the Journal, and the committee felt that before reporting nominations for editor of the Journal it might be well to discuss the whole question of the Journal. As in every other thing, the death of Dr. Rogers left us very much in the air, and no one but Dr. Kuhlmann knows all that Dr. Rogers put into that Journal. It seemed that this was the time to discuss the question of whether we should continue the Journal as it is or whether we should change to the plan of publishing an annual volume of proceedings, or whether we should change the scope of the Journal. You see other journals have cut into our field very much. Our Journal comes out infrequently; of course in the old days the proceedings contained all the current literature. From 1885 to 1896 there were very few publications on the subject that did not come into that. Now mental testing has overflowed into the psychological journals and pedagogy has taken other subjects; eugenics and other questions appear in many other periodicals. Dr. Kuhlmann can tell us about the finance question. It is through the generosity of the institution at Faribault that it has gone on. All the work is done by the institution without any charge, and then with that advantage we are \$100 or \$200 a year behind. It seemed it would be well to get a general expression of the Association as to what our policy ought to be.

Dr. Emerick: We would like to hear Dr. Kuhlmann on the subject.

Dr. Kuhlmann: I have rather more definite ideas than when we came together. We all feel that the Journal has never been what it should have been as a representative organ of this Association, and the reasons are plain.

No journal could be made a first-class journal twenty years ago on that subject, because there was not enough subject to run a journal on, and it started in bad shape twenty years ago, and has got a bad reputation for that reason. From the stand-

point of a first-class, up-to-date publication it has not been a good journal, and that is the reputation it has had. With a journal, the same as with other things, if you begin badly you are handicapped in a way that is hard to overcome. You all believe if it had been possible to make it a success Dr. Rogers would have done it, and he was one of the first to admit that it was not what it should be. During the last three years I have had the task of trying to drum up manuscript and put it into shape after we got it, and for two years have made my best effort to at least get it out on time, four times a year. I think I succeeded one year in doing so. By the end of the second year I was thoroughly convinced it was absolutely impossible unless I devoted my whole time to it. I think it would be impossible to take the Journal of Psycho-Asthenics and run it as we have tried to run it and bring it out as a regular quarterly, four times a year, on time.

Through suggestions in the last few days I have come to the conclusion that the best thing to do with the Journal is to discontinue it. I thought we might simply publish the proceedings; perhaps you have thought of that, too. If you do that, it will be more expensive than now. It will cost practically the same to publish the proceedings as the Journal, because that is practically what the Journal consisted of. And then you have no sale of proceedings. It has come within about thirty or forty dollars of paying expenses of publishing hitherto; it is a little nearer than before because of a larger sale of reprints. We could possibly make it self-supporting by raising the price of the reprints. But that would not make it a Journal. I would suggest that we discontinue the Journal of Psycho-Asthenics and put in its place some other journal under some other name. Then you drop the bad reputation. I would suggest a "Journal of Mental Deficiency," or any such term as that, and reorganize the whole publication, staff and all, from the ground up, and have a separate editor whose business is solely that of getting and editing manuscripts, and who will have nothing to do with anything else; and a business manager to look after subscriptions and circulation and attempt to carry advertising.

If you would be willing to spend what we have in the treas-

ury for the first year in getting a new Journal started, I feel fairly confident we would get it on its feet.

Dr. Fernald: In talking with Dr. Kuhlmann yesterday the question came up whether there was not a field for a publication in the psychologic department, edited by the best man in the school field, by the best pedagogic exponent of feeble-mindedness, and of the eugenic side, and so on. Such a journal could be an up-to-date summing up of all sources of information on all subjects connected with feeble-mindedness, and might involve abstracts of practically all articles of importance in every language. That would be a mighty stimulating thing for the man who directed it and would appeal to a very large constituency, because the social workers and the specialists and workers in penal institutions would all be interested. Of course, on the other hand, much of the ground has been already preempted. Dr. Williams' Journal of Mental Hygiene will cover, of course, the cream of things, but it will not go over the whole field as this review might do.

We have these three things to consider—the present Journal, the Annual Proceedings simply, or a new journal to cover the whole field in a better manner.

Dr. Williams: The great trouble in publishing a journal is the financial backing. There is a firm—I cannot give you the name at the moment, but I can find it—a firm which, backed by an organization like this, will guarantee to publish your journal. They ask for no financial guarantee; all they want is the privilege of publishing; you edit the material; they carry the advertising; you censor the advertising. They require a certain percentage of the funds that come in above what is gained by the journal for publishing and taking the risk, and a certain similar percentage goes to the organization. That sounds unbelievable, but they make money out of it. The biologists and bacteriologists and several small organizations that need journals and cannot afford to publish them themselves, but have a certain clientele, do this, and these small organizations bunched together give enough, apparently, to run this establishment, which does nothing else but publish these journals. With some assur-

ance that each member would take it, or something like that, they would go into this and publish it.

Dr. Emerick: It seems to me this matter of the Journal should be included in this Committee on Organization for their consideration, and action taken as they think best. If you will allow me to do so, I will make the suggestion that the incoming president appoint a committee to look into the matter.

Dr. Swift: I make a motion that the incoming chairman appoint a committee to look into the matter that Dr. Williams has mentioned, and act for the Society.

Dr. Kuhlmann: Before the motion is put I want to register a slight objection. The fact of its being published in New York would involve a good many details that no committee would want to decide without bringing before the Association. If it were possible to thresh out this question now before the Association, it would help the committee very much.

Dr. Keating: I make the motion that the matter of the Journal be left to a special committee appointed by the present chairman, to report at the next meeting of the Association.

This motion was second and carried.

Dr. Emerick: I appoint, to serve on that special committee, Dr. Keating, Dr. Murdock, and Dr. Fernald.

Dr. Murdock: Why not allow the present editorial staff to continue, and the proceedings of this meeting to be published in the Journal?

Dr. Fernald: Reporting for the Organization Committee, the committee would nominate on the editorial board, Dr. Kuhlmann as editor-in-chief, in place of Dr. Rogers.

On motion the report of the Organization Committee was accepted.

Dr. Fernald: I move that a Committee on Program be added to our list of standing committees, and that the committee consist of the President, Vice-President, Secretary, Treasurer, Assistant Secretary, and two additional members who shall be elected for two years, so that each year we have a new man on the committee. I know when I was president the work of getting the program together was very difficult. We ought to begin now to be getting next year's program. As a matter

of fact, this Association ought to be the meeting place of the newest, freshest ideas in our work, and the brightest people in this country in all subjects ought to seek this Association as a means of expression. I think we ought to begin to get busy now for next year's program.

Dr. Swift: I second the motion.

Dr. Murdock: This does not centralize the responsibility sufficiently. I would amend that motion that a committee of three be appointed, one to serve for one year, one for two and one for three, and the committee to appoint its own chairman.

Dr. Fernald: I accept that amendment. The great point is to have a continuing membership so that the experiences of the last two or three years are available, while bringing in a new man each year.

The motion as amended was put and carried.

Dr. Keating: I move that the Secretary be ex-officio a member of the program committee.

Dr. Wylie: I second the motion.

The motion was carried.

Dr. Kuhlmann: I want to suggest doing something in regard to membership. We are about \$700 short in membership dues, and it does not mean that these people have not been paying their dues as they see it, but they do not consider themselves members any more. Some have attended more or less regularly, and some not. Could we get some ruling on that, so that members automatically cease to be members on failing to pay dues for two or three years and they be notified accordingly? Would that be any offence to anybody?

Dr. Keating: As the new treasurer, I shall be guided in making my report by the by-laws, and there is something there in reference to dues.

Dr. Emerick: I think we would be safe in leaving it to the treasurer. I had not realized that he was custodian of the money.

Dr. Fernald: It seems to me it is too easy to get membership in the Society. We meet in a certain town and elect members who never again will be interested in our meetings. I personally do not see the point of electing people who have only a transitory and temporary interest in our work.

A Member: I move a vote of thanks to Miss Farrell and her assistants for the splendid entertainment given to the Association on Friday evening by the teachers of the ungraded classes of the New York Public Schools.

The motion was second and carried.

Adjourned.

REVIEWS AND NOTICES

A SCALE OF PERFORMANCE TESTS.

RUDOLPH PINTNER, Assistant Professor of Psychology, Ohio State University, and DONALD G. PATERSON, Instructor in Psychology, University of Kansas. D. Appleton & Co., N. Y. and London, 1917. Pp. X plus 218.

The work that led to the results published in this book grew out of the mental examination of deaf children on whom most of the Binet-Simon and other mental tests cannot be used without alteration. The performance tests reported on are all of a nature that one does not require verbal responses, and the instructions necessary to give the examinee, according to the authors, can all be given in the form of natural gestures when the test material is at hand. The tests are therefore designed to meet the needs in examining three different classes of cases, for which previously existing tests were not adequate, viz., foreigners not familiar with English, speech defectives, and the deaf. The presentation is divided into ten chapters: Instruction; standardization of the tests; presentation of the data; the year scale; the median mental age scale; the point scale; the percentile method; illustrative cases; conclusion.

In the introduction Stern's definition of "Intelligence" as "a general capacity of an individual consciously to adjust his thinking to new requirements" is accepted, and this has been used as one of the guides in selecting the tests, the others being non-requirement of language, and variety in the tests in order to bring all the various factors in intelligence into play. A history of mental tests given, shows how Binet was led to the tests and the method followed in his scale, and continues with a critical survey of the Binet-Simon Scale and the progress made with it.

The present scale of the authors consists of fifteen performance tests, arranged in a natural order of sequence. "The first test is one of the easiest and is of the picture form board variety. * * * * After this follow tests 2 to 8, which are all of the form board character. They require the insertion of blocks in appropriate spaces and, increasing in difficulty as they do, the child is led naturally on from one to the other with a minimum of instructions. Tests 9 and 10 can hardly be called form board tests, but

the nature of the performance is similar. This time the child sees that he must fit things together, but without the help of spaces into which the parts must fit. Test 11 demands the construction of a picture. Test 12 demands the fitting in of blocks, but this time there must be the selection of appropriate blocks from a large number of others." Tests 13 to 15 are quite different from the others.

The second chapter, "The Tests," describes the tests in detail, the methods of giving them, and the records to be taken. A maximum time of five minutes is allowed for a test. A time and error score is made in nearly all.

Test 1. Mare and foal picture board. Seven parts of the picture are cut out. The task is to replace the parts in their proper places. Time and error score. Each attempt of the child to place a part wrongly counts as an error. This is a test used by Healy and Fernald, except that the four geometrical forms cut out by the latter are not used.

Test 2. Seguin form board. Sylvester's modification, method and standardization are used.

Test 3. Five figure board. A row of five geometrical forms cut from a rectangular board. These five are cut into eleven pieces. Procedure as in Test 1. Devised by Paterson.

Test 4. Two figure board. A square and a cross cut out, and these cut into nine pieces. Devised by Pintner.

Test 5. Casuist form board. Three circles of different sizes and one other form cut out, these cut into twelve pieces. Devised by Knox.

Test 6. Triangle test. Triangle and a rectangle cut out, these cut into four triangles of same size. Devised by Gwyn.

Test 7. Diagonal test. One large rectangle cut out, cut into five pieces. Devised by Kemp.

Test 8. Healy Puzzle "A." One large rectangle cut out, cut into five pieces. Devised by Freeman.

Test 9. Manikin test. Human figure cut into six pieces. Devised by Pintner.

Test 10. Feature profile test. Human head, with ear, and face from middle of chin to top of forehead removed, the removed parts cut into seven pieces. Knox and Kemp.

Test 11. Ship test. Rectangular picture of ship with part of sky and water cut into ten equal rectangles. Devised by Gluck.

Test 12. Picture Completion test. A group of ten pictures with a square cut from each removing one part from each. These ten squares mixed with forty others having pictures on them. Task is to replace the right ten squares. Devised by Healy.

Test 13. Substitution test. A sheet with a row of five geometrical forms at the top, each with a number in it. Under this are these same forms arranged in five rows of ten each, and without the numbers. The task is to write the correct numbers in the latter. "Reported by Woodworth and Wells."

Test 14. Adaptation board. A large rectangular board with four circles cut out near the four corners, three circles with a diameter of 6.8 cm., and one of 7 cm. diameter. The task is to replace the large circles in the right place in successive trials when the board is turned each time so as to bring the large hole in a different position. Error score only. Devised by Goddard.

Test 15. Cube test. Four one-inch cubes placed in a row. The examiner taps these in irregular order from 1 to 4, as follows:

1 2 3 4	1 4 3 2	1 3 1 2 4
1 2 3 4 3	1 4 2 3	1 4 3 1 2 4
1 2 3 4 2	1 3 2 4 3	1 3 2 4 1 3
1 3 2 4	1 4 3 2 4	1 4 2 3 4 1

In each case the task is to tap the blocks in the same order. Devised by Knox.

To get an accurate idea of the nature of most of these tests the reader must consult the original, as this is determined quite entirely by just how the forms are cut.

While most of the tests were borrowed from the literature, reliable norms had not been secured for any but one or two. The chief contribution of the authors lies in establishing these norms and standardizing the tests. In establishing norms mere numbers of cases examined is regarded as unimportant. The essential thing is to have the cases properly selected. Their norms are secured from public school children of the middle classes. The failure of additional numbers to materially alter the norms already secured is laid down as a guide in determining whether the number tested is adequate to make the norms reliable. This was used as a guide in some cases, and some illustrations are given on norms based on about 350 cases as compared with norms based on about 1000 cases.

Three different types of standardization are discussed, standardization here referring to methods of using the results of an examination so as to score the case examined.

(1) The first establishes the median or average performance. This requires a relatively small number of cases. (2) The second places a test at a specific age in an age scale. This is done on the basis of a certain percentage of cases of that age passing it. The authors choose seventy-five per cent as the correct one for such placing of tests. (3) The third is the percentile method. The scores of all cases tested are arranged in order from lowest to highest, and this range is then divided into an arbitrary number of percentile groups. This method is preferred, the advantage claimed being that "it allows a comparison of a particular child's performance with the performance of other children of the same age." But this method requires a larger number of cases to give reliable norms.

The children examined with these tests ranged from five to fifteen years in age. The number of cases for each age varied, very roughly, from about thirty to about a hundred. In presenting the results the data is given

for each test in tables and curves. The scores are arranged in a number of arbitrary steps from lowest to highest. Each table then gives the number of cases for each age that come under each score. At the foot are given the 75 percentile, the median, the 25 percentile, and the quartile, curves being given for the first three. A brief discussion follows the results of each test.

The authors next use their results to construct scales according to the several types of standardization already mentioned, and discuss them in detail. The "year scale" is obtained by following the method used by Binet-Simon. In this their tests are placed in different age-groups, so that in each group seventy-five per cent of the children of corresponding chronological ages pass them. Computing of the mental age of a case is then done by the Binet-Simon rule. The procedure results in an unequal number of tests for the different age-groups. In allowing credits for extra tests passed beyond the age-group in which a case passes all, they follow a suggestion made by Terman and Childs, according to which a child gets one-fifth of a year credit for an extra test passed in an age-group in which there are five tests, one-sixth of a year for a test in an age-group in which there are six tests, and so on.

A "median mental age" scale is considered next. Considering that the median score for each age in each test is already determined, the score of any individual case examined then consists of the average or median of all the age medians that he approximates. For example, a case might get a score in Test 1, equal to the median score for age six; in Test 2, he might get a score equal to the median score for age eight, and so on. These scores are averaged by averaging the ages whose median scores are equalled, and this average gives his mental age. The special advantage of this method lies in the fact that tests may be eliminated or added to the list used without disturbing the result of those used, except in general reliability.

The results are next used to construct a "point scale." In this method a certain number of points is allotted to each test, part of a test, or type of performance. The norm for each age consists of the average or median number of points made by children of each age, and the score of an individual examined consists of the total number of points made, which may be taken in relation to the norm for his age. In any point scale the allotment of points should be made on the basis of some principle, and not arbitrarily. Of such principles the authors note three. (1) Points allotted according to the discriminative capacity of the test; the number of points should be larger the greater the difference in the median scores from one age to the next for the test in question. A difficulty with this procedure lies in determining what constitutes discriminative capacity. The amount of difference from one age-median to the next depends on whether these medians are in large numbers or small, in seconds or minutes, for example. A further difficulty is met in the fact that it allows no more for a difficult test passed than for an easy one passed. (2) Allotment of an equal

number of points to each test. (3) Allotment of points according to the degree of difficulty of the test. The degree of difficulty of a test is determined by actual scores made by children. In this way it is determined that, for example, to do a certain amount of one test, get a certain score, is of the same degree of difficulty as to do a certain amount of another test. The test of degree of difficulty lies in the child's capacity, and "the underlying principle is the chronological age." Since points are thus allotted in accordance with the performance of children of different ages, the question arises as to what gain there is in a point scale. We are "compelled to question the validity of a point scale that differs in principle from the median mental age. * * * * A point scale, as such, seems to have no right to exist. It can only be a modified form of the median mental age method."

As illustrative of a point scale, the authors then drew one up on the basis of the second method stated, the allotment of an equal number of points to each test, giving illustrations of scoring and directions for its use.

The "percentile" method is preferred over the several others that are discussed. It appears to be the most "thorough," and "allows the finest differentiations and the most just comparisons of an individual with individuals of the same age." Accordingly a percentile table for each test is constructed. This gives the scores for each age for the different percentiles in ten steps of ten points each, from 0 to 100. In this the child of a given age that gets the best score is the "100 per cent" child, the "90 per cent" child is the one whose score is exceeded by 10 per cent of the children of his age, and so on. A difficulty met in this method lies in the fact that tests having a limited range of scores, do not allow of fine gradations, frequently have the same score for several successive percentiles.

The chapter on illustrative cases scores the same two cases by three methods, the median mental age, the point scale, and the year scale method. Case 1 gives mental ages of 10.25, 11.2, and 13.2, respectively for those three methods. Case 2 similarly gives mental ages of 5, 5.5, and 6.05. They regard it as undecided as to which of these three methods gives the truest scoring.

This study is easily the most important contribution yet made to mental tests in the field for which they are intended. This field is by no means small, and the demand is very urgent with all who believe in the mental test method of determining grades of intelligence. There has been much loose procedure with most of these tests, and many others, in using them for diagnostic purposes before any norms for them were known. The authors' careful work in securing these norms should leave no excuse for any more of this procedure. Their penetrating analysis in the discussion of standardization will be read with keen satisfaction by all interested in the general principles and theory underlying mental tests and scales.

They do not offer the results of their study as a perfected scale ready to be put into practice, but only as a contribution towards such a scale. In

the reviewer's judgment they have come near enough to the attainment of this end to make it highly desirable that it be put at once into usable form. The scale would be decidedly useful as it stands, and the test of actual practice is the best method of eliminating imperfections, and of supplying further requirements.

Some suggestions have occurred to the reviewer in this connection.

(1) Too many of the fifteen tests chosen involve approximately the same kind of task, and therefore, add less to the reliability of the total results than would be true of a greater variety.

(2) In using the results to construct a year scale the tests should be so arranged in age-groups that the median or average mental age would always equal or closely approximate the average chronological age of each age-group of children examined. When this is done it will be found that the per cent at each age that pass an individual test will not be 75 throughout, but will range from nearly 100 per cent at the age of one to two years to about 50 per cent at the age of twelve.

(3) Scoring grades of intelligence in terms of mental ages and "intelligence quotients" is a much superior method to any yet proposed. The percentile method preferred by the authors does not lend itself to as fine gradations, and does not convey as useful or readily comprehensible meaning as does the intelligence quotient. If scores for all grades of feeble-minded, as well as for all grades of the very brightest, had been included in their norms, the range of scores obtained would have been increased immensely, and the percentile gradations from 0 to 100 would have become correspondingly rougher. The percentile score does not tell us directly the capacity of the case, but only that it is exceeded by a certain percentage of cases of his age. The mental age and I. Q. score tell us what age of average children his capacity is the equivalent of, and what percentage his capacity is of the average for his age.

F. KUHLMANN.

NEWS AND NOTES

Frankwood E. Williams, M. D., Vice Chairman of the Mental Hygiene War Work Committee, sends the following report of the Committee on Clinical Methods and Standardization of Examinations and Reports, a sub-committee of the former. "The report has been accepted by the Surgeon-General and will be used as the basis of an official circular from the Department."

To the Psychiatrists and Neurologists Assigned to Special Duty in the Military Camps of the United States Government:

In detailing psychiatrists and neurologists to special duty with the armies, the Surgeon General has had in mind (1) the proper care and treat-

ment of soldiers who become incapacitated through mental or nervous disease; (2) the special examination of recruits in the training camps in order that those who, because of neuropathic or psychopathic conditions are unfit for military duty may be identified and discharged from service.

Until the troops move abroad the chief and most important responsibility of the military psychiatrists and neurologists will be the special examination of recruits. It is obvious that no man should be eliminated from the service who is fit to render a valuable service in this emergency. On the other hand, it is quite apparent that individuals suffering from certain forms of nervous and mental diseases should not be permitted to enter into service, as experience with the American armies has shown quite conclusively that such individuals are not capable of military service even in time of peace, and experience in the European armies has shown beyond question that such individuals are not able to withstand the rigors of modern warfare. At critical times such individuals go to pieces, with the result that the military force is weakened, is hampered in the free performance of its function, and the Government is likely to be burdened after the war with the care of a large number of invalids.

At the request of the Surgeon-General, the question of those who should be excluded from the military services on account of mental and nervous diseases has been carefully studied, and with the approval of the Surgeon-General we would suggest that the following general outline be followed in determining this matter. It is important that the potential as well as the actual condition of the recruit be kept in mind. For this reason emphasis has been laid upon the early symptoms of disease. Likewise attention has been called particularly to those diseases which are most likely to be met and which have not very obvious symptoms but which, nevertheless, can be diagnosticated relatively easily and with considerable certainty. It is not to be assumed that other neuropathic and psychopathic conditions when found are not cause for exclusion. Most of these, however, such as multiple neuritis, various forms of paralysis, hemiplegia, cranial nerve palsies and peripheral neuritis, have such striking symptoms that they are likely to be recognized before they come to the attention of the neurologists and psychiatrists.

RECRUITS TO BE EXCLUDED.

I. Nervous Diseases.

(a) *On the Basis of Disease.*

1. Tabes. (Look for Argyll-Robertson pupils, absent knee and ankle jerks, ataxia of station and gait).
2. Multiple Sclerosis. (Look for absent abdominal reflexes, nystagmus, intention tremor).
3. Progressive muscular atrophy and Syringomyelia. (Look for fibrillary tremors; atrophy in the small muscles of the hand and of the muscles of the shoulder girdle; sears on forearm and fingers caused by burning; deformities of feet).

4. Epilepsy. (Look for deep scars on tongue, face, and head; voice. Where diagnosis depends only upon history of epileptic attacks given by the patient, the latter should be asked to give the address of the physician who has treated him. This history must then be verified by a letter from the physician).

5. Hyperthyroidism. (Look for persistent tachycardia, exophthalmos, tremor, enlarged thyroid).

(b) *On the Basis of Symptoms or Combination of Symptoms or History.*

1. Unequal pupils, irregular pupils, Argyll-Robertson pupils.

2. Nystagmus (in one not an albino), absent abdominal reflexes intention tremor.

3. Absent knee jerks associated with some one other organic neurologic symptom.

4. Exaggerated tendon jerks, Babinski.

5. Disorders of station or gait.

6. Disorders of speech (on test phrases), facial tremor, one other organic neurologic symptom. (Stammering and stuttering per se is not significant of an organic neurologic condition. Stammerers and stutterers are rejected by regulations. See form No. 94777).

7. History of Epilepsy. (Ask the recruit to give the address of the physician who has attended him; this information to be verified by letter).

II. Mental Diseases.

(a) *On the Basis of Disease.*

1. General Paralysis. (Look for Argyll-Robertson pupils, speech defect consisting of distortion of words, writing defect consisting of distortion of words, facial tremor in showing the teeth, euphoria and marked discrepancies in giving facts of life).

2. Dementia Praecox. (Look for indifference, ideas of reference, feelings of the mind being tampered with (e. g., ideas of hypnotism), auditory hallucinations, bodily hallucinations such as electrical sensations or sexual sensations, meaningless smiles; in general, inappropriate emotional reactions, lack of connectedness in conversation.)

3. Manic depressive insanity. (Look for mild depressions with or without feeling of inadequacy or mild manic states with exhilaration, talkativeness and over-activity).

(b) *On the Basis of Symptoms or Combination of Symptoms or History.*

1. History of previous mental illness. (Ask the recruit to state when and where he had such illness, in what hospital he was observed or treated, or by what physician he was attended; this information to be verified by letter).

III. Psychoneuroses and Psychopathic Characters.

(Look for phobias, morbid doubts and fears, anxiety attacks, fatigue-ability, hypochondriasis, compulsions, homosexuality, grotesque lying, vagabondage).

IV. Chronic Alcoholism.

(Look for suffused eyes, prominent superficial blood vessels of the nose and cheek, flabby, bloated, reddened face, purplish discoloration of the mucous membrane of the pharynx and of the soft palate; also ashen complexion and clammy skin; muscular tremor in the protruded tongue and extended fingers; (noticeable also in lack of control when the applicant attempts to sign his name); emotionalism, prevarication, suspicion, auditory or visual hallucinations, **paranoid ideas**).

V. Mental Deficiency.

(Look for defect in general information with reference to native environment, ability to learn, to reason, to calculate, to plan, to construct, to compare weights, sizes, etc.; defect in judgment, foresight, language, output of effort, suggestibility, stigmata of degeneration, muscular incoordination.) (Consult psychometric findings).

VI. Drug Addiction.

(Look for pallor, dryness of skin; flippancy, mild exhilaration (if under the influence); cowardly, cringing attitude, restlessness, anxiety (if without the drug); distortion of the alae nasi; contracted pupils (morphine) or dilated pupils (cocaine); dirty deposit at junction of gums and teeth; bluish and whitish needle scars on thighs and arms).

(Signed by Committee).

Major-General W. C. Gorgas,

Surgeon-General, U. S. Army,

Washington, D. C.

Sir:

In view of the fact that it will be necessary for the psychiatrists who are assigned to the various military camps to examine a large number of recruits in a brief space of time, it is felt by the undersigned that this work can be greatly expedited if the assistance of camp surgeons and line officers can be obtained in selecting from those who come under their observation individuals likely to need neuro-psychiatric examinations. This can easily be done if the medical officers, dental surgeons and line officers will keep certain fundamental things in mind. We would suggest, therefore, the following:

(1) That in view of the importance of syphilis and hyperthyroidism in neuro-psychiatric conditions, that all persons suffering from either of these diseases observed by the surgeons in the ordinary course of their work, be referred to the psychiatrist for further examination; and

(2) That the personality traits named below are of such importance as indicative of possible underlying mental conditions, that line officers be instructed to refer to the psychiatrist recruits under their observation who exhibit them. These traits are:

Irritability; seclusive; sulky; depressed, shy, timid; over-boisterous; sleepless; persistent violators of discipline; "queer sticks," "cranks," "goats"—

butts of practical jokes; "boobs"—those who have difficulty in comprehending orders—dull, stupid; marked emotional reaction (such as vomiting and fainting) at bayonet drill; peculiarities of attitude, speech or behavior sufficiently marked to attract attention of associates; those resentful of discipline; suspicious; sleep-walkers; bed-wetters; those persistently slovenly in dress; those who have difficulty in executing muscular movements in setting-up exercises.

(Signed by Committee).

Major-General W. C. Gorgas,
Surgeon-General, U. S. Army,
Washington, D. C.

Sir:

It is the belief of the undersigned that the neuro-psychiatric examination of a large number of recruits would be expedited if permission were granted to the psychiatrists in the various camps to train and utilize hospital sergeants or others who might be chosen by the psychiatrist, to make group examinations of recruits for the following conditions:

Pupillary changes—unequal, irregular, disorders of reaction.

Absent or increased knee jerks.

Station and gait disorders.

Marked tremors (extended fingers).

Facial tremor on showing teeth.

Recruits found by the examining sergeant to exhibit any one of these symptoms should be referred to the psychiatrist for further and more intensive examination.

(Signed by Committee).

The following bulletins are sent out by the Mental Hygiene War Work Committee.

BULLETIN.

The Mental Hygiene War Work Committee of the National Committee for Mental Hygiene is anxious to obtain the names of psychiatrists and psychologists who are willing to give part-time service in the examination of the National Guard troops in their vicinity. The recent decision of the War Department to examine the National Guard troops in their armories before sending them to camp, makes it necessary to secure at once a large number of examining physicians. To meet the situation the Surgeon-General of the Army has arranged to accept for this work qualified physicians on contract. A physician may contract for specified duty, at a specified place, for a specified time, or for part-time. This latter provision makes it possible for many physicians who cannot take out commissions, or who cannot give all of their time to the work for a period of months, to give part-time each week. Further information can be received from Dr.

Frankwood E. Williams, Vice-Chairman of the Committee, 50 Union Square, New York City.

BULLETIN.

Dr. Pearce Bailey, of New York, Chairman of the Committee on **Furnishing Hospital Units for Nervous and Mental Disorders** to the United States Government, a sub-committee of the National Committee for Mental Hygiene, **has been invited by the Surgeon-General of the United States Army to accept a commission as major and to come to Washington as personal advisor to the Surgeon-General in all matters pertaining to psychiatry and neurology.** Major Bailey is now on duty in the Surgeon-General's office. **Dr. Frankwood E. Williams, Associate Medical Director of the National Committee for Mental Hygiene, has been appointed Vice-Chairman of the committee and placed in charge of the work in the New York office.**



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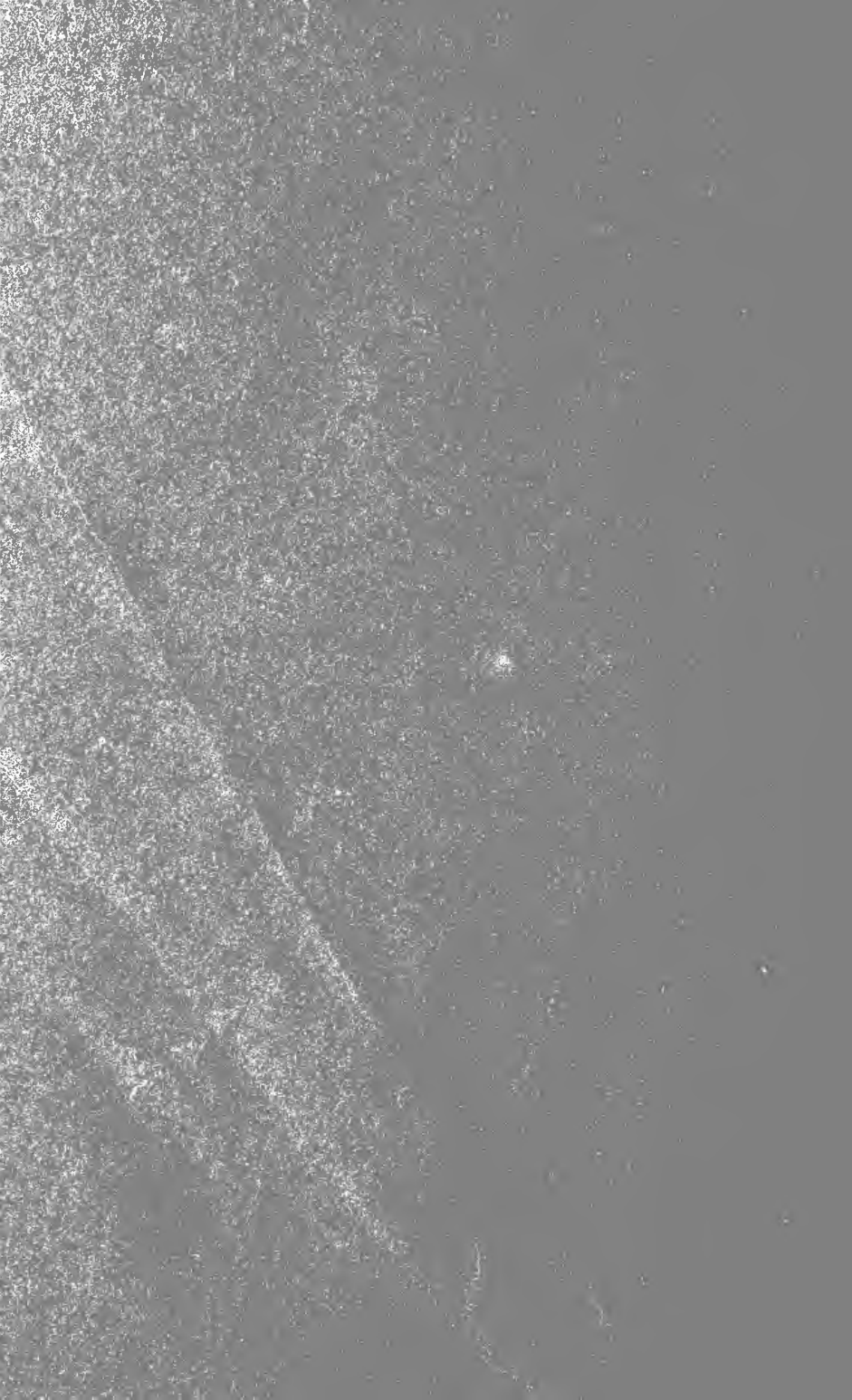
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JOURNAL OF PSYCHO-ASTHENICS

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PROGRESS IN THE CARE OF THE FEEBLE-MINDED IN OHIO.¹

E. J. EMERICK, M. D., *Superintendent Ohio School for Feeble-Minded, Columbus, Ohio.*

The object of this paper is to give you a little outline of what we have been doing in Ohio; not from any boastful mood, however, as I do not feel that we have accomplished as much as we might have done, and, possibly, not as much as some of you have been able to achieve, in other states.

We have been arduously working in Ohio to make more adequate provision for the care of the feeble-minded, but as all of you are aware, state institutions being dependent upon legislatures for their funds, do not always get all they ask for. We feel, however, that the general public in Ohio is becoming awakened somewhat from its lethargy, and is beginning to realize the necessity and urgent desirability that better provision be made for the care of the feeble-minded.

We have children on our waiting list from nearly every county in the state, some counties having several hundred applicants for whom admission is sought, and the public is resorting to all sorts of expediences to produce pressure to have these children admitted. They are appealing to the Governor, their legislators, and in some cases employing attorneys. While this is somewhat annoying to the institution, it has a beneficial influence upon legislation.

We have enrolled in the Institution for Feeble-Minded at

¹ President's address, meeting of the American Association for the Study of the Feeble-Minded, New York City, June, 1917.

Columbus 2,430. We have two cottages under construction which will care for 240 more children, and the past legislature appropriated funds for the erection of eleven more cottages, making provision, all told, for an increased population of 940. It seems easier to get the legislature to appropriate funds for more buildings, for the institutions we already have, than it does to get new institutions, but as the institution at Columbus is now so large that the Superintendent cannot keep in personal touch with the inmates, it might just as well have a population of 10,000 as 3,000.

However, we have not in the past been wholly stationary, as our institution has doubled in population in the last ten years, but we have fallen far short of our duty to the feeble-minded, as we have 8,000 or more at large in the State of Ohio who can never be made self-sustaining, law-abiding citizens, and who are being cared for at a much greater expense than it would cost to maintain them in an institution properly adapted for their care and training.

In these momentous times when practically the whole world is in carnage, and the best blood of the country is being called to the front, it is of paramount importance that something be done to stem the tide of this oncoming army of feeble-minded and defective delinquents, which seems more threatening at the present time than ever before in the history of the world. I wish to quote from a copy of a letter that I recently received, which was written to the Secretary of War. "I wish to call to your attention the desirability of extending the scope of the examination of the recruit for the army and navy to include examination of their mentality to the end that irresponsible men, those whose mentality is such as to interfere with their judgment and stability, may be rejected for the fighting arms of the army and navy."

The great misfortune of war is that it destroys our best blood and leaves the weaker brother at home to multiply.

I feel that the defective delinquent demands special attention. The problem is much simplified if we can get hold of these defective delinquents while they are young and before they become hardened criminals.

We are trying in Ohio to make a little advancement along these lines. Several years ago, we made a very careful survey of 100 consecutive admissions both at our Boys' and Girls' Industrial Schools. At the Boys' Industrial School we found out of 100 consecutive admissions, 46 were distinctly feeble-minded; 26 were from 1 to 3 years retarded; 11 were 11 years old mentally, but were 15 and above chronologically; 17 were considered normal; 17 were recidivists, some of them having been returned to the institution four or five different times, but there was not a single one of the boys in the normal group who had ever been there before. The repeaters were all in the distinctly feeble-minded group, except three, and these three were among the borderline cases. At the Girls' Industrial School we found out of 100 consecutive admissions, 59 were distinctly feeble-minded; 14 were from 1 to 3 years retarded; 13 were 11 years old mentally, but were 15 and above in chronological age, and 14 were considered normal. It is a crime that a normal boy, who through mismanagement or bad environment, should land in our Juvenile Courts and be sent to an institution where practically 50 per cent. of the inmates are feeble-minded.

In our efforts to correct this state of affairs, we finally succeeded in getting the legislature to pass a bill in 1914 creating the Bureau of Juvenile Research. Dr. A. F. Shepherd, who at the time was a member of the Board of Administration, in my opinion, deserves more credit than anyone else for the formulation of this bill. The aforesaid legislature which passed this meritorious bill made only a small start, as they did not appropriate any funds with which to erect buildings, only appropriating a small amount for salaries. Of course, the Bureau could not do the work for which it was intended without buildings, but we felt that we had the wedge in, and we have been pounding with all our might ever since. Through the last legislature, we succeeded in getting appropriations for \$100,000 for buildings to house this Bureau. While this amount was not as much as we asked for, yet it will be quite an initial step.

The object of this Bureau is to act as a clearing house. In other words, to have a place where the children from the Juvenile Courts can be sent, studied and sorted with reference to their

mental capacity and responsibility, rather than to their physical size or age. Our aim also is to have competent physicians, who are specialists along different lines, give these children thorough physical as well as mental examinations, and if they are found to be suffering from any physical defects, remedy their condition as far as possible. For instance, if a child is found to have defective vision, correct it; enlarged tonsils or adenoids, remove them, etc. In other words, put him in the best physical condition possible to cope with the problems of life. If he is found to be hopelessly feeble-minded, segregate him, instead of sending him to an Industrial School for a short period, to be returned soon after being released, then on to the reformatory, and finally numerous terms to the penitentiary. In the meantime, he has probably been at liberty enough to have several offspring to keep up the good (?) work. We have whole families in our institutions whose mothers were at one time inmates of our industrial schools. I believe that not only the state, but every one of our large cities, should have a bureau or clearing house of its own. Such institutions will not only be of immense value in sifting out the feeble-minded, but can do as much, if not greater work, in saving the normal boy or girl from ever reaching a penal institution, and of carrying through life the stigma of at one time having been an inmate of a penal institution. In this way, we would then have an opportunity of getting hold of these children and studying them. If they are found to be normal, investigations could then be made as to why they are in trouble. If the cause is found to be from bad environment at home and the conditions in these homes cannot be corrected, new homes could then be found for them. However, if this is not possible, it would not be any great expense for the state to own a few scattered homes, in charge of responsible, Christian men and their wives, where groups of children could be sent and treated as though they were their own children. They could be sent to church and to our public schools, thereby eliminating all institutionalization of these children. A child who is sent to an institution for only a year becomes more or less institutionalized and handicapped.

The problem of the defective delinquent boy and girl is one

of our greatest and most urgent problems. Defective delinquent boys are the timber out of which is carved our most dangerous type of criminals, who are beyond redemption, and the only remedy is permanent segregation. We have 80 of this type of boys in a cottage at our custodial farm. While they are thoroughly unreliable, being composed of thieves, pyromaniacs, etc., yet we regard them as quite a valuable asset to our large farm, as they are our best workers. Of course, they must have a building adapted to their care, and should not be in buildings with the inoffensive feeble-minded boy, as in that event they would always be a source of trouble; but, personally, I see no objections to their being in an institution for feeble-minded, if they can be in separate buildings arranged so they can be retained, in which case they cause but little trouble. We hardly feel that we could run our large farm without them. They not only make good farmers, but are of great assistance in construction work. The foregoing remarks apply equally to the defective delinquent girl. Formerly we refused to admit this class of girls, as we had no place to care properly for them. We could not place these graduates of the slums with our innocent feeble-minded girls, who come from their own homes or from the Children's Homes, as the immoral girls corrupted the minds of the innocent girls by the sordid stories they would relate.

We exerted our efforts for years to get a custodial department at our Woman's Reformatory for the defective delinquent girl, but were not successful. The good sisters who were instrumental in getting a reformatory for women were, I believe, fearful that we were trying to steal their reformatory for an institution for feeble-minded. Not being successful in our attempts to secure a custodial department at the reformatory, we decided that the next building we constructed would be for the care and protection of the defective delinquent girl. Consequently, about a year and a half ago, we were able to open a building for this type of girl, where we now have 100 inmates. They, like the boys, have proved to be more of an asset than a liability, and are as happy a lot of girls as one would wish to see. These girls have all been grossly immoral, having tasted of the very dregs of depravity. Not one of them had been taught to work, with the

exception of one, who, fortunately, at one time had been an inmate of our Soldiers' and Sailors' Orphans' Home. We installed twenty-eight sewing machines in this building, and now all the flat work, which includes pillow cases, table linen, towels, etc., the underwear, rompers and overalls for the entire institution are made in this department; besides, they are making many of their own dresses. They also do the mending for the boys' department. The laundry for this building is also done by hand in the basement of this building, none being sent to our main laundry, and, incidentally, it looks better and it wears longer. Last winter these girls painted their entire building on the inside, manipulating their own ladders and scaffolds, and their work was superior to that of our regular painter boys, and they took great pride in their work. Our gymnastic teacher goes to this building and instructs the girls in different games, and they are encouraged in getting up entertainments. I do not think these girls were every so happy in their lives. When I feel that some of the more promising ones really enjoy living good, clean lives, and realize that, after all, the only way to be really happy is to be good, I will be in favor of giving them another trial.

I have told you about our experiences with the defective delinquent girls somewhat in detail, as I realize they are the ones most dreaded by all, but neither the defective delinquent boys or girls are such difficult problems, if we are prepared to care for them and can keep them busy. We must confess that it was with fear and trembling that we took them into the institution, and it was only because there was no other place for them that we consented to receive them. However, I will say that now that we have them, and find that they are such a help to the institution, we would be loath to relinquish them.

We would advise that every institution for feeble-minded have a separate department for defective delinquents, as an institution for feeble-minded is, undoubtedly, a more appropriate place for them, unless we could have an entirely separate institution, which I believe would not be particularly advantageous.

I am not in favor of permanently segregating all who would test feeble-minded by our scientific tests; only those who have been tried and found socially unfit. There are many who from

our scientific tests would be called feeble-minded who, by actual experience, are self-sustaining and getting along very well in the world. The facts are, we need different degrees of mental level in order to carry on successfully the business of the world. A man who has not the mental capacity for a bricklayer may make a very good hodcarrier and be perfectly happy and contented with his work, and it is just as essential to have hodcarriers as it is to have bricklayers, and the latter would probably not have been contented to have done the work of the former.

Before closing, I wish to call your attention to a fact which is of vital importance. That is, 22 per cent. of the inmates in the Institution for Feeble-Minded in Ohio are of foreign-born parentage, which emphasises the necessity of more carefully guarding our portals of entrance. After this stupendous war is over, the danger from this source will undoubtedly be greater than ever before.

THE CRITERIA OF DEFECTIVE MENTAL DEVELOPMENT.¹

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A review of the various definitions of "feeble-mindedness" leads one to the belief that, broadly speaking, the term is applied to those who, owing to a defect of mental development, show an inability to meet adequately the existing conditions of society. Many times, by means of formal tests, such as the Binet-Simon or Yerkes-Bridges scales, intellectual retardation can be demonstrated in the individuals who may be classed with this group.

Certain cases which cannot be shown deficient by such tests are nevertheless considered as belonging to the broad group of defective mental development. These individuals ordinarily are called "recidivists," "moral imbeciles," delinquents" or "constitutionally inferior" by present-day writers. Although the make-up of the individuals, to whom one or another of these terms may be applied, has been described to an extent by various authorities, the recognition of such a case depends ordinarily upon infringement of social law. The man may have been potentially a criminal for years, but until his faulty adjustments result in a violation of the statutes he generally remains unrecognized. Obviously it would be far better were it possible to demonstrate the potential criminal characteristics as such and deal with the case before crime is committed.

An exact definition of the characteristics of defective mental development, embracing as it does the whole subject of ethics, is as yet impossible. Any facts which may be of assistance in this direction are therefore worthy of record. The following case contains certain points of interest:

J. K. A woman with apparently good formal intelligence and success at school but with marked lack of broader grasp. Sex indiscretions in adolescence followed by "nervous breakdown," absence of settled aims or plans, ill-considered marriage, resulting in obvious evidence of incapacity to manage

¹ Read before the Sixth Annual Meeting of Alienists and Neurologists of America, Chicago, July, 1917.

a household, venereal infection, divorce and further indiscretions with a period of intense sex excitement. This slowly subsided after confinement but with obvious lack of grasp of the social significance. No evidence of perversion or oddity.

The maternal grandfather died at 60 years from a "paralytic stroke." The maternal grandmother died at about 60 from "apoplexy." The second generation from this marriage numbered three and the third generation three also. Of these last, one, a brother, died at 5 months from diphtheria, one is the patient, and the third, a cousin, is healthy.

The patient was born in 1890 in Illinois. The birth was normal. She was healthy as a child and learned to walk and talk at about 1 year. In school she learned readily; in fact, stood next to the highest in the county when she graduated from the eighth grade. She graduated from high school at 18 years of age. The patient later said that she wanted to teach, but except for giving lessons in piano playing from the age of 17 to 19 she never made any actual attempt to achieve that aim. She says that she used to practice on the piano three, four, or even five hours a day, but, as a matter of fact, at 24 she could play only a few simple pieces. She did not like housework or cooking, and admitted she did little such work while living with her parents. Altogether there seems to have been no adequate plan to fit herself, either for a career or for becoming a housewife. The lack of definite aim was not recognized while she lived at home because she was indulged. She was praised and encouraged but evidently not really directed.

Her disposition as a child is described as "social" and "sunny" and she formed "sincere friendships."

Menstruation was established at 14 years. At about this time, 14 or 15 years of age, the patient became more self-willed and independent. Between the ages of 16 and 18 she kept company with a "worthless" man to whom her father objected. The father admitted that the patient occasionally deceived him in regard to small matters, but he did not think she was more prone to deception than any other young person, and in fact made the general statement that her conduct was "above suspicion." In spite of that statement it was afterward learned that the

patient frequently had sexual intercourse with the man above mentioned, and according to her own statement had an abortion performed on three different occasions. During this entire period the patient lived at home, but although the parents saw that she was not well at the times when the abortions were performed, she was able to keep from them a knowledge of the nature of her ailment.

At the age of 18, according to the patient's own story, she had a nervous breakdown in which she became very weak, "nervous and shaky" and unable to eat. She ascribed this to the remorse she felt for the relations which had existed between her former lover and herself, but more probably it was a reaction to the increased responsibilities which she faced on ending her school days. She said she did not take up school teaching because of the breakdown. She said she became very religious, went to church every Sunday, sang in the choir and often wept over her prayers at night. That these interests were only superficial is shown by her further statement that she was engaged six times during her 19th year to as many different men and that this year was the happiest of her life.

She was married in March, 1911, at 21 years. The wedding had been postponed for six months on account of the death of a relative, but when her lover begged her to marry him three months before the time was up she readily acquiesced and did not seem to appreciate the gravity of the step she was taking. According to the father's account the decision to marry was quite sudden and his first intimation of her intention came when she entered his store and asked for money with which to get married much as she might have asked for money to buy a pair of shoes.

In the following September, the parents' first opportunity of observing the patient after marriage, she seemed nervous and changed in some ill-defined way. In the summer of 1912 it was noted that she was careless of her personal appearance. An abortion was induced at this time, but it is not likely that this had anything to do with the mental condition.

According to the petition for divorce later made by the

husband, the patient, during the whole of her married life, was idle, lacked knowledge of all housework and refused to attempt to learn, and was bad-tempered. The charge was made that she had been infected with syphilis before marriage.

The patient denied these charges. She maintained that she was infected by the husband six months after marriage. A diagnosis of luetic infection was made in June, 1913, while on a visit to her parents. The mental change had become more marked and the parents decided definitely that she was "not right in her mind." The husband and his parents later came to the same conclusion and in March, 1914, the patient left the husband to return to live permanently with her own parents. At this time she was docile, smiled easily, lacked initiative, was careless of appearance and cleanliness, and seemed forgetful, in that she would neglect to give necessary attention to the gasoline stove and to place all usual articles on the table when she set it for a meal. She went about town alone and it is believed that she had immoral relations with a certain physician. On two occasions during the latter part of September she left her home and went to adjacent towns, where she was found by her father in immoral surroundings. On the whole the character of the change seemed to have been a frank letting down of barriers which never had been very secure. Although talkativeness and restlessness were not mentioned in the anamnesis, she said her sexual desires were greatly exaggerated. Formerly her irregularities of habits were not apparent to others, whereas on the two occasions when she ran away, above mentioned, she cohabited with any man who would take up with her. Nothing was said against or in favor of her habits of thrift as a younger woman, but when she ran away she gave a diamond ring worth three hundred dollars to a man who pawned it for fifteen dollars. She spent money freely and "did not appreciate its value" but did not contract any debts.

In order to prevent a repetition of such experiences she was committed. She was admitted to the Kankakee State Hospital October 8, 1914, at 24 years of age. She was well nourished and presented no stigmata of degeneracy. It was found that she was suffering from a Neisserian vaginal infection and the blood

serum gave a positive Wassermann reaction. The neurological examination and the spinal fluid were negative throughout.

She was clear and the memory was good for recent and remote events.

On recourse to the formal intelligence tests it was found that her fund of general and school knowledge was not very extensive. In naming the wars in which the United States had been engaged she left out the wars of 1776 and 1812. She believed Lincoln was the president during the Civil War but was not sure she was correct. She did not know the names of the Senators from Illinois, nor the name of the governor of Illinois or of Missouri, the two States in which she had lived during her life. She named only four of the countries involved in the European war and did not know which ones were allied. Later when tested by the Binet-Simon intelligence scale she did rather remarkably well considering the number of questions incorrectly answered in the usual examination made of all patients on admission to the hospital. She missed no questions in the 10 year level, one each in the 12 and 15 year groups, and two in the adult.² When personal questions were substituted for the more formal ones of the Binet-Simon test the answers showed a decided lack of grasp. She was asked to enumerate the qualities she would like her husband to possess and the qualities named were "unselfish," "thoughtful of me," and "not to like other women." When asked what she would want a son to be and told to think of him at 10, 20, 30 and 40 years respectively she gave the following: "finely educated", "blond", "charitable", "loving and kind hearted", "generous". Although pressed to do so she could think of no more qualities.

She was pleasant to those about her, was not restless or excited, was not disinterested, and no oddities of behavior were observed.

The most striking feature noted during the two years of her residence in the hospital has been a tendency to flirt with any man who would pay her attention. She smiled and waved to several from the window of the ward or when taken to church or amusements.

² The tests which the patient failed to answer correctly are:

12-year group—Utters more than 60 words in three minutes.

15-year group—Repeats sentence of 26 syllables.

Adult group—Gives differences in meaning between lazy and idle, evolution and revolution, advent and event.

Gives resume of thought of Hervieu.

This led to quite a desperate affair between Mrs. K. and a male patient a drug habitue. Each wrote many letters which they tried in different ways to forward to the other. Even after the man was paroled Sept. 24, 1915, he and Mrs. K. tried to correspond and were only prevented from so doing by the watchfulness of the hospital authorities. Since the other left the institution Mrs. K. has tried to flirt with some of the other male patients, but the attempts are much more casual than formerly and tend to substantiate her own statement that the sexual excitement which was present before and for about one year after her admission has since abated. It seems probable that lack of opportunity to gratify her desire has much to do with the present quiescence and that freedom would precipitate the same actions as took place before she was sent to the Institution.

Although mental deficiency cannot be demonstrated in this case by the Binet-Simon scale it would seem that the mode of reaction, at least during adult life, has always been ill-advised and inadequate.

Discussion of the case may be prefaced by a few general remarks upon the adaptability of individuals to the problem of existence. Preservation of self and of the race are directly dependent upon gratification of the appetites and this fact necessitates reaction of man to his environment and appropriation of those things which serve to fulfill his desires.

The individual reacts to the particular stimulus of the many presented which is of greatest importance to him, but it does not follow that all persons in the same surroundings will react in the same manner. The reaction of the child is an effort toward immediate satisfaction of his desires. The needs of tomorrow concern him little or not at all. This so-called sensual type of reaction may be countenanced in the young child but is largely prohibited among adults by the conflict that would ensue were the appetites freely to be indulged. The necessity for curbing elemental desires leads to the substitution of other, less instinctive reactions; in a word, to the development of secondary, as opposed to the primary or sensual interests. The most useful of the secondary interests prepare for gratification of the appetites, necessarily at the expense of the environment but

under conditions not at variance with the social code. The need of preparation for meeting future problems is closely associated with the necessity of being able to refrain from satisfaction of the craving of the moment.

That the ability to develop secondary interests is relative hardly needs to be stated, and the difficulty or weighing ordinary differences in this regard among individuals is manifest. In such cases as the one presented, however, the defect seems sufficiently marked to furnish a feature of differentiation from ordinary individuals and to stamp her as being below par.

In the case of Mrs. K. the inability to develop secondary interests is shown not only in the reactions which stand out in the history as those seeming of greatest importance, but also in the behavior at all times. The early history shows a lack of far-sighted aim. Her behavior before, during, and since marriage shows a lack of effort to bring about future reward. On the contrary, each situation was reacted to as though only the immediate possibilities were considered. Many of her activities and answers to questions are in keeping. When, in December, 1915, she was allowed to buy Christmas presents for her relatives she did not save money to pay postage on the parcels, although she had been told she would be expected to do so. Her efforts to correspond with the male patient were made with an attempt at secrecy, but were so lacking in foresight that discovery was inevitable. No effort was made which was purely for future ends.

Her interest, which is undoubted, seems centered in matters of immediate import. She is greatly interested in the amusements and dances, and the few articles of clothing she has made have been to wear on such occasions. Her statements in regard to past errors lack conviction, although quite frank. The following extract from a letter written in May, 1915, is an example of her attitude: "Mamma, think of your baby being a syphilitic patient treated in the insane asylum of Kankakee for insanity. My God, isn't it awful to think that I would come down to that? Say, daddy, I only have a little bit over a dollar left in the trust fund....."

From the description of many of the cases termed delin-

quent, perversion of instincts may be inferred. It is noteworthy that although this patient was always prone to satisfy her desires in an extrasocial manner, consideration of her reactions does not point to a perversion of the instincts. The sexual appetite has been indulged unwisely, but not in any abnormal way, so far as is learned. She has told falsehoods on a few occasions with the purpose of shielding herself, but the lies were clumsy, and ordinarily she is quite frank in speaking of past irregularities. She has not appropriated property not her own. She is on fairly good terms with most of the other patients; is not ill-tempered nor egotistical. It is true that she is apt to refer to the defects of others, but she does so directly to the persons themselves, and does not carry tales. Her reactions seem always to have been immature and unwise rather than malicious. She is capable of a certain amount of sustained effort, and went every day to one of the other wards where she gave exercises in writing, reading and simpler problems in arithmetic to a number of demented patients. She helped with some of the ward work and made for herself a few articles of clothing. Although persistent in working, her efforts are somewhat careless, and evidently are made because she feels she must do as she is told, or to achieve some immediate result. The work does not become an interest in itself.

To present the case more concisely, it may be said that although the formal education was more than that of the average individual and progress in school was rapid, the extrasocial character of her reactions seems to be due to an inability to fully coordinate past experiences with the present so as to insure future welfare, i. e., an intellectual defect rather than distorted instinctive desires. In passing, one may wonder whether this statement might not apply to some of the cases commonly termed delinquents, although obviously no conclusions in this regard are justified by the presentation of the one case.

In closing, it may be admitted that a general survey of the criteria of defective mental development as seemed promised by the title of this paper has not been attempted. In fact, stress has been laid only on one feature, and this rather briefly. Justification for the presentation of the paper is found in the fact

that the patient was not recognized as defective by the parents nor by several physicians who had an opportunity of studying her, which suggests that the ability to develop secondary interests is at present deemed of academic rather than practical value. Furthermore, one may judge from the result with the Binet-Simon scale in this case that formal intelligence tests alone cannot always be considered adequate criteria of defective mental development, but that also must be weighed the ability of the individual to coordinate and make use of past experiences so as to meet successfully the problems of the present and to prepare adequately for the future.

THE PERSONALITY OF THE MENTALLY DEFECTIVE.¹

HELEN MacMURCHY, M. D., *Inspector of Feeble-Minded, Ontario.*

It is the highest work of the parent and the teacher to train the younger generation for noble and independent life. Parental and educational control is intended, not as an end in itself, but as a preparation for the time when self-control shall take its place. But self-control and independent life are not for mental defectives, either in their own best interests, or in the best interests of the family, the community, and the nation. Common sense forbids it. In the nature of things it cannot be. Mental defectives may be nearly or quite self-supporting; they can never be self-controlling, or self-directing, except in a childish way, and they never can be the masters of their own fate except at the cost of disaster and ruin to themselves and others—disaster that affects future generations as well as the present generation, and that tends to undermine, as far as it goes, the security of the homes and the nation concerned. Mental defectives are permanent children. They never put away childish things. They are no wiser at thirty or forty than they were at half that age. There is no cure for mental defect. To try to train a mentally defective person for independent life is to attempt the impossible, to do no good and much harm.

We all agree about this. There is no difference of opinion. Provided always that we have made sure that the person in question is really mentally defective, that there is no mistake in diagnosis, there can be no two opinions as to the statements now made. Indeed, these conclusions are self-evident—and they are only stated here as a starting point.

But now that we are all assembled at the starting post, perhaps we might reflect that there is no starting post so true and straight that it may not lead us into error by the shadow that it casts, as it were. Mental defectives are not intended or

¹ Presented at meeting of the American Association for the Study of the Feeble-Minded, New York City, June, 1917.

adapted or equipped for independent and self-directing life. True. But that does not mean that it is impossible for any one of them to have quite an interesting personality, and a mind which is a source of enjoyment to the possessor and to you and me, who may have the privilege of their friendship and of frequent association with them.

There may be a continent in that poor brain which but awaits Columbus. There may be an island there, reckoned by us not indispensable, which yet may be as useful as Heligoland has been found by a certain enemy nation.

Dr. Charles Bernstein, of Rome State Custodial Asylum, showed, at a recent meeting of the New York State Medical Association, one of his "boys" who had been in the institution ten to twelve years before anyone took much notice of him. His mental age was about three years or less. Then one day somebody made the discovery that he was a very interesting person. He could do something which you and I cannot do, never could do, and probably never will be able to do. He could tell you in a moment or two what day of the week any given date, past or future, falls on! There he stood, before the members of the New York State Medical Association repeating in simple slurring speech, "What -a- day -a- was -a- the twenty-first of May, 1901 —what day -a- Why-a- it was a Tuesday."

What corner of that poor darkened brain was working so accurately? What secret power had he that we have lost or never possessed? What scientific explanation is there of that mental calculation—and could it not be used in some way for the possessor's benefit and for the benefit of others? All these and other interesting questions remain for some genius among us to answer.

By far the most promising field in which to search for the hidden secrets of mental action is the study of the simple and rudimentary working of the minds of those whose brains have not developed as far as that very complex thing commonly known as the "average" or "normal" brain. And while we are waiting for the genius, has none of us any simple commonsense suggestion to make as to the use to which such an endowment might be put?

This boy can "Shew us a thing," to use the language of Scripture. If we only knew how he does it, we would be wiser than we are at present.

It may be objected by some friend that the accomplishment of Dr. Bernstein's boy is not a useful one. Friend, how dost thou know that it is not useful? It is not so long since those who tried to make flying machines were considered madder than any March hare. Now we call these wild ideas, materialized in metal, wood, and cloth "aeroplanes," "hydroplanes," and other grand names, consider them indispensable, and depend very much upon them, among other things, to secure that victory without which it is likely enough that civilization may perish from the earth for an aeon or two. No atom of truth, however small or mad it seems, considered apart, is to be despised. It may be the lost link that mankind has long looked for, and never found before.

But these individual powers, or gifts, or endowments, or peculiarities, or oddities, or differences, or whatever else one has a mind to call them, are interesting in the concrete, in the person, as well as in the abstract, before and after the aviator flies, as it were.

In one of his essays William James remarks on the fact that the wisest things he had ever heard were most of them remarks from some unknown individual, often engaged in some humble employment and without many educational and other advantages. He gives as an instance a remark made by a man sent to his house to "sort," as the Scotch would say, a fireplace about which something had gone wrong. Mr. James fell into conversation with him, and thought him very intelligent. In the course of the conversation the workman happened to say, "There is very little difference between one person and another when you get down to the botton, **but that little is very important.**"

The views of Mr. James as to the wise opinions of comparatively humble persons have a double application to the point now under discussions. In the first place, mentally defective persons do sometimes make wise remarks. One of my best boys, who was very near the border line, **almost**, but not quite able to

manage in the world, passed as normal until he met the multiplication tables. Never before had his mother or any member of the family felt anxious about him. Every evening, all that winter, she worked and worked to put him over the stile, but it proved an insuperable barrier. He could not learn the multiplication table. Finally, feeling that her efforts were unavailing, he tried to comfort his mother. "Never mind, mother," said he, "I think the arithmetic corner of my brain was never finished."

Think of that! Has any champion for the feeble-minded, however eminent, ever put the case better? Other instances of wise remarks will undoubtedly occur to every experienced worker among mental defectives.

In the second place, it is these very "little differences between one person and another when you come down to the bottom," that are the stuff of which personality is made, and lend to it that nameless charm which is one of the most enduring and powerful of human influences.

In one "Almost," to borrow Victor Hugo's name for our poor friends, the feeble-minded, you find a power of steady loyalty and faithfulness that many a normal person lacks. These powers are among the highest and sweetest in personality.

In another "Almost" you shall discern that instinctive and infallible first-sight knowledge of character that is said to be the special prerogative of dogs and children. In the township of Pickering, near this city, there lived for many years in a hospitable farmhouse a certain "Jimmy," and I have heard one of the farm ladies say that when a stranger came to these parts, no one ever thought of troubling much about his character. All they had to do was to ask "Jimmy" what he thought of the man. Like all oracles, "Jimmy" took a little time and sometimes replied in parables, but it was the universal opinion, all the same, that "Jimmy" had never been known to make a mistake in such cases.

But the most important thing is the undiscovered gifts. They are there. There is no human being who does not carry to the grave great undiscovered powers and possibilities. The injustices of life crowd them out. The soil is fertile and the seed

fell there, but the birds of the air, unhappily, carried off the seed and devoured it, and it never grew. And life is too short. We have no time to bring out what is in us. We can only finish a sample or two! "Man's reach must exceed his grasp, or what is Heaven for?"

No one had the large-heartedness to dig down to the bottom of us, and find the treasure, and tell us what to do with it, and keep on believing in us till that belief is justified. The powers were there.

"Some mute inglorious Milton here may rest,
Some Cromwell, guiltless of his country's blood."

What is thus true of human nature in general is true of mentally defective persons. Hence the wisdom of the modern method pursued at Starcross and Sandlebridge and Earlswood, in England; at Waverley, Mass.; and at Vineland, N. J., and all other good training schools,—to look for the powers of the inmates until we find them. The voice and musical capacity of every inmate at Waverley is tested on admission. He or she may have some musical endowment. This is a fine thing to do—to look for an endowment. At Starcross some girls who were so feeble-minded that they scarcely possessed the power of speech have finally learned to make beautiful Honiton lace and so become much happier, and almost self-supporting.

Mentally defective persons must be tried at this, and that, and the other occupation till we discover their gifts. Their opportunities must be multiplied. The chamber of their minds is such a tiny place that they are very soon "bored," and find it hard to "turn around in their minds." But the gifts are there. We have to discover them. Dr. Bernstein's boy was at Rome State Custodial Asylum for ten or twelve years before anyone discovered his "peculiar genius."

We are forever and a day making this mistake of overlooking and undervaluing each other's gifts and possibilities. They are there, but we do not see them. We do not get them into focus. But the Voyage of Discovery has often proved very profitable in the history of the world. It will be equally profitable in "The History of the Care and Training of Mental Defectives."

OBSERVATIONS ON THE OPERATION OF THE ILLINOIS COMMITMENT LAW FOR THE FEEBLE-MINDED.¹

HARRISON L. HARLEY.²

Legal commitment of the feeble-minded to an institution was first provided for in the State of Illinois. On July 1, 1915, a law³ became effective which provided for court commitment, abolishing at the same time all other forms of admission. The experience with the operation of the Illinois law will naturally interest workers on behalf of the feeble-minded in other states, for two years practical operation serves to cast the merits and shortcomings of the law into stronger relief.

The essential purpose of the Illinois law can be stated in these three phrases; to commit, to retain, and to provide. This paper will be confined to a consideration of the first two phases of the legal operation, namely, to commit and to retain. To provide is an equally important aspect because it follows that no State should commit and retain unless it has also the physical means adequately to provide. Undoubtedly considerable difference of opinion would be met when the subject of provision is broached. Therefore, reference to the provision that the State of Illinois makes for its committed feeble-minded is omitted from consideration.

To commit a person under the law of Illinois, the person must be feeble-minded and not insane.⁴ In addition, it must be

¹ A paper read before the Sixth Annual Meeting of Alienists and Neurologists of America, Chicago, July, 1917.

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³ House Bill 635, Laws of Illinois, 1915. Reprint giving Text of the Law with Observations on the Care of the Feeble-Minded by Dr. Edward H. Ochsner may be secured from the Executive Secretary, Welfare Commission, Springfield, Illinois.

established to the satisfaction of the court that the person is a menace to himself or to society.⁵

The operation of the law is comparatively simple. The object of those who drafted the bill was to give due weight to the sentiment of the community respecting the person alleged. For that reason the professional commission (of either two physicians or one physician and a psychologist) must be residents of the county in which the alleged person resides. Under this law there have been committed 1,201 persons within a two-year period beginning July 1, 1915. Of these, twenty were found to be insane, eight were classified as "constitutional inferiors" or "control defectives," and fifty-eight as borderland or backward children.⁶ In other words, the method of commitment from a professional standpoint failed in but eighty-six cases at an accurate diagnosis. When one understands the perplexities surrounding a problematic case of arrested mental development, one is not surprised that eighty-six cases were sent to the institution that were not feeble-minded, for, notwithstanding the fact that they do not classify as feeble-minded, there was in every instance some defect of character or of self-control or some mental aberration which made commitment imperative. Thus, 7 per cent. of the commitments proved to be not feeble-minded. From the standpoint of the professional service involved in commitment, I

4 The exclusion of insane cases, without further qualification of the term, excludes from State care a group of very deserving types of juvenile insanity. In Illinois an insane person cannot be committed to a State Hospital for the Insane until the age of 18 years is attained. Under the Commitment Law for the feeble-minded, insane juveniles under 18 years cannot be legally committed. Psychiatrists lament the inadequate treatment usually provided for juvenile insane patients. Possibly existing institutions for the feeble-minded could assume the care of juvenile types in special departments.

5 The law defines committable cases as follows, Sec. 9: ".....the guiding and controlling thought of the court throughout the proceedings to be the welfare of the feeble-minded person and the welfare of the community....."

6 Classified as "control defectives" or "constitutional inferiors" are adults who reach the institution because of their very striking non-conformity to social order. They form the "psychopathic personalities" of Kraepelin, and are frequently reported to the institution by the medical commissioners as "slightly feeble-minded," "nymphomaniacs," "dipsomaniacs," or "moral imbeciles." For a classification of these types, see Adler, Herman M., "A Psychiatric Contribution to the Study of Delinquency"—*Journal American Institute, Criminal Law and Criminology*, Vol VIII, No. 1, May, 1917. A complete clinical description of the type understood by these various appellations is to be found in an article by Dr. S. N. Clark, "The Criteria of Defective Mental Development." *Alienists and Neurologists. Proceedings, Sixth Annual Meeting, Chicago, 1917.* p. 54.

A backward child or borderline type is a child under the age of 16 years whose mental retardation is within limits generally accepted by psychologists as insufficient to warrant classification as feeble-minded.

believe that the method in vogue in the State of Illinois is a practical success and would suggest only one modification, namely, that in cases where the local commission is in doubt, some properly qualified person in the State's service should be sent to that community to assist in the examination without undue cost to the county. Such a plan is incorporated in a proposed Commitment Law in the State of Minnesota.⁷ Although this is not a feature of the Illinois law, the Board of Administration was very generous in lending professional aid whenever a request was made for it. To safeguard the interests of the borderland types which reach the institution, and, in fact, every alleged feeble-minded child, for it is patent that the most conscientious and best qualified examiner may err in his diagnosis, it might be advisable to incorporate into any proposed legislation a plan for certification of the person as feeble-minded at least twice in the course of one or one and a half years. Twice certified, the case would remain permanently classified. This is a modification of the English system, but less burdensome.

In Illinois the Commitment Law has changed the character of admissions to the State Institution, both in quantity and quality. Prior to the Commitment Law, children under six were excluded; unimprovable, helpless, and hopeless cases were admitted only to the extent to which the custodial wards were able to accommodate them. Mothers were not admitted with their nursing infants, nor were women in a state of pregnancy. The Commitment Law at once tremendously increased the number of admissions to the institution. There were admitted during the biennial period closing June 30, 1917, 1,201 new cases, 25 "guests,"⁸ almost without exception nursing infants admitted with their mothers, and 97 re-admissions, making a total of 1,323 cases. Admission to the institution was in nowise restricted. In that regard the Commitment Law has been in nowise curtailed in its operation. Compared with the biennial period prior

⁷ In Minnesota a Child Welfare Commission has tentatively drafted a commitment law which integrates with measures on dependency, illegitimate parenthood, child labor and similar forms of legislation designed to meet problems of children.

⁸ The Board of Administration of Illinois very humanely decided shortly after the Commitment Law became effective that nursing infants belonging to feeble-minded women who were committed be cared for as non-committed patients, or "guests" in the State Institution for the Feeble-Minded.

to the Commitment Law, admissions have more than doubled, being 1,323 to 564. The ages of those committed varied greatly, the youngest being a child of 61 days⁹, committed with its mother, and the oldest being a man of 61 years in an advanced state of senility and physical decline. The sexes have been in a proportion of seven males to five females. The Commitment Law is tending to equalize the sexes with respect to commitment.

More significant than numbers, however, is the commitment to the institution of a larger number of young children, and children absolutely infirm and hopeless, both physically and mentally. Ninety-one children under the age of six years were committed and twenty-five nursing infants were admitted as "guests." Accordingly a total of 116 children of infirmity or nursery type were admitted to the institution. This number is not as significant as the physical picture which these children present. For the most part, the twenty-five infant "guests" appear to be normal infants, requiring nothing whatever in the way of care other than any infant of similar age would require. The ninety-one young children are very different, however. Seventy-four of them, or 80 per cent., show unmistakable signs of a low degree of idiocy, notwithstanding the fact that they are extremely young. In a conservative spirit only seventeen could be regarded as backward infants. Sixty, or 66 2-3 per cent. of these young children suffered from a degree of paralysis which in almost all cases precluded walking or learning to walk, and many were utterly helpless physically. In addition, many suffered from epilepsy, quite a few were blind, and a large number of those admitted to the institution were still nursing from a bottle at the age of four, five, or even six years. The death rate has been exceedingly high among this group. Twenty-seven of the ninety-one cases, or 30 per cent., died in less than eighteen months following commitment.

The high mortality among this group indicates better than words the low resistance which they possess. It appears that

⁹ The commitment of a number of infants to the institution has been dictated by expediency or necessity rather than evidence of mental defect. Since the Board of Administration accepts such infants as "guests," it is no longer necessary to commit them as feeble-minded.

any institution which has unrestricted commitment must immediately see a marked advance in the death rate.¹⁰ This has been true of the Illinois institution. If we compare the death rate of the biennial period just closed with the biennial period previous to the Commitment Law, we see that the death rate has advanced from 4.52 per cent. of admissions for the period to 10 per cent. of admissions for the period. In other words, the persons committed are of such a physical type that 10 per cent. died before the lapse of a two-year period. In no small measure is the frail nature of these young children responsible, for from their ranks alone there have been contributed 22 per cent. of the deaths. In many of the cases it has been recognized when the child was admitted that it would not prove to do well in an institution, and the parents and the courts have been notified accordingly, frequently with the suggestion by the management of the institution that the child would do better at home. Notwithstanding the fact that twenty-four children have been recommended to their homes for care, only three were removed upon the advice of the institution. In the other cases, the home was so absolutely unsatisfactory that the court and the social agencies concerned deemed it advisable to have the child retained in the institution. To illustrate this type, one case from many which present essentially similar features, may be selected. Dorothy McL—, 2 years, 2 months, when before the county court, was committed to the institution as feeble-minded. When received in the institution she weighed 14 pounds. She had a cranial circumference of 375 mm., had only one of the lower incisor teeth erupted; was a helpless little infant apparently not more than nine or twelve months old. The child was exceedingly fretful and restless. Coordination was undeveloped. Musculature was very flabby and satisfactory chest examination could not be obtained. She was admitted to the institution on March 2, 1917, and on April 4 the institution solicited the aid of the Bureau of Social Service in the city from which the child came in determining whether or not the child could not be cared for at home, writing in part as follows: "Our object in calling your attention to this case is to ask your

¹⁰ The death rate of various institutions for the feeble-minded cannot be compared without erroneous inferences respecting care, for the death rate is computed on very different bases.

cooperation in determining the financial and social status of the child's relatives. It is our opinion that such children are better off at home under the supervision of the mother or some close relative, when the home is a satisfactory one. We occasionally find that the relatives of our children, although financially and socially capable adequately to supervise their child, are willing to submit to separation and commitment of their baby to this institution inasmuch as they are under the impression that something might be done to improve the child's mentality. If such should be the circumstances under which this child was committed, we believe it would be advisable to remove this case." The institution's communication brought forth a response which indicated that the home conditions were very unsatisfactory. The mother has tubercular tendencies and the father has been pronounced tubercular by the Municipal Tuberculosis Sanatorium. Three children are in the home, all of whom have tubercular glands and are under the care of the Municipal Sanatorium. The father, although capable of earning eighteen dollars a week, works irregularly. The mother consents to having the child sent home if **absolutely necessary**, but believes that it is better for all concerned to have her remain at Lincoln. This child has improved slightly, gaining one and one-half pounds since its admission. After reviewing this case and many similar ones, it appears that an institution with nonrestricted commitment must prepare itself to meet the needs of this very infirm type of idiotic and paralytic child. States considering legislation similar to Illinois ought to profit by the experience of this State and provide adequately beforehand for proper medical and nursing care.¹¹

The mental characteristics of those admitted under the Commitment Law have not varied greatly from what was found on a previous survey of cases admitted: 24.5 per cent. were idiotic children, 46.5 per cent. were imbeciles, 22 per cent. were morons by the classification of the American Association

¹¹ Dr. Walter E. Fernald says: "The home care of a low-grade idiot consumes so much of the working capacity of the wage-earner of the household that often the entire family becomes pauperized. Humanity and public policy demand that families be relieved of the burden of helpless idiots." Reprint No. 6, National Committee for Mental Hygiene.

for the Study of the Feeble-Minded, and 7 per cent. previously referred to did not classify as feeble-minded.¹² The foregoing figures indicate a slight increase in the number of idiotic children committed. About 16 per cent. of all cases of mental deficiency suffered from a degree of paralysis often so severe that the individual was practically helpless. Of the admissions, 18 per cent. suffered from some form of the epilepsies. There has been an increase in the number of both paralytics and epileptics admitted to the institution, possibly affecting the epileptic group more. Of greater significance than the mental types admitted have been the social types. For instance, the defective delinquent¹³ male has numbered about 10 per cent. of male admissions. This type of boy is a problem in every state institution. Many states absolutely refuse to admit this type. For instance, Dr. Barr of Elwyn refers to this type as "veritable firebrands" and recommends that they be incarcerated in institutions built especially for this class and managed with military discipline. Dr. Murdock, of the Western Pennsylvania Institution, likewise recommends the establishment of separate institutions for this class, with all the safeguards of a penal institution. Non-restricted admission under the Commitment Law necessarily brings this type and all the trouble which they are reputed to cause. They are retained in the institution only with the greatest difficulty.¹⁴ They escape easily from an institution built for the simple feeble-minded, or if they are forcibly retained, they abuse the privileges and destroy the simple pleasures allotted to our more docile feeble-minded types. All over this country the cry

12 The actual distribution of 1,126 feeble-minded consecutive admissions is as follows: Idiots, 294, or 26.3 per cent.; imbeciles, 562, or 50 per cent.; morons, 267, or 23.7 per cent. Compare Kohs, Samuel C., "The Distribution of the Feeble-Minded Arranged by Mental Age"—*Journal of Delinquency*, Vol 1, No. 2, May, 1916.

13 By defective delinquent one understands a feeble-minded person primarily who has contravened social law and order to the extent that he is a menace, and institutional care is imperative. This group is probably called "moral imbeciles" in the Mental Deficiency Act of 1913 of England. The English law recognizes this class:

"Moral Imbeciles," that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities, on which punishment has had little or no deterrent effect." It will be observed that the foregoing definition regards only those as moral imbeciles whose vicious or criminal propensities are innate characteristics. Many defective delinquents are largely so from habit and environment.

14 Numerous cases of defective delinquency were and are now recommended for commitment to the State Institution by the Juvenile Psychopathic Institute of the Juvenile Court and the Psychopathic Institute of the Municipal Court of Chicago for the reason that the offender is not detained.

is raised against them, and even from foreign lands we hear similar complaint. Let me quote from a report of the Royal Albert Institute of Lancaster, England: "A careful observation of the patients in the institutions coming under the description of 'moral imbeciles' has considerably strengthened the view which I expressed in my last report, namely, that these cases should not be housed with the ordinary imbecile. I have had many cases during the past year of the incorrigibility of these patients, and of the bad effect of their influence upon the other children. Our own institution as at present constituted, is certainly unsuitable for the treatment of this class of defective."

Another social type which will reach the institution by non-restricted admission under a Commitment Law is the mentally defective female who attracts attention either because of her illegitimate motherhood, her constant offences against morality, or her conspicuous failure at social adjustment. Under the Commitment Law there have been received at Lincoln 39 unmarried women who have given birth to 69 children. They range in mental age from four years to the "psychopathic personality" type. This number, 39, gives one no hint of the large number of mentally deficient females who have compromised their sex at one time or another, but have escaped progeny. Forty-six feeble-minded women had married. Quite a few of these belong to the lowest grade of imbecility, which indicates that even a feeble-minded woman of a conspicuous degree is likely to marry if she is not supervised in society.

The Commitment Law has made also a further differentiation of types of feeble-minded on the purely practical basis. Two types are the committable and non-committable feeble-minded. An institution such as the Juvenile Psychopathic Institute of Chicago, or any clinic or institute which handles a large number of children, recognizes among the feeble-minded numerous cases in which the innate characteristics are amenable to social direction and utilization. Some of the feeble-minded have good industrial capacities, pleasant dispositions, and qualities of personality which make it possible to handle them in

society. In other words, it is felt that this type needs not be committed to a state institution if their care can be facilitated in suitable homes under supervision.

We have hitherto discussed the various aspects of commitment. I shall now dwell particularly upon the problem of retention. From July 1, 1913, to June 30, 1915, the biennial period prior to the Commitment Law, there were 564 persons admitted. Of these a total of 97 were discharged, from which number we must deduct six cases because they were not feeble-minded. Therefore, 91 cases, or 16 per cent. of the admissions, were discharged during the period for various reasons. Of the discharges, females constituted 30 per cent. Having established that prior to the Commitment Law 16 per cent. of the admissions were discharged within a two-year period, let us review the operation of the Commitment Law with respect to retention. There were admitted from July 1, 1915, to June 30, 1917, 1,201 new cases. Of these, 246 were discharged. If we exclude 19 who were not feeble-minded and 21 who were transferred to hospitals for the insane, there remains 206, or 17.1 per cent. of admissions who were discharged for various reasons. It will immediately be observed that the Commitment Law has not restricted the discharge of patients. As a matter of fact, discharge from the institution appears to be somewhat more frequent under the Commitment Law. The institution to date has no intelligence of untoward results following the rather liberal discharge under the Commitment Law. The interval, however, is a brief one, and what the future holds for numerous cases remains to be seen.

The number of discharges from the institution under the Commitment Law is strikingly large, particularly when the matter is considered in the light of court commitment which has established the fact that the person is **a menace to himself or to society**. It is difficult to see how a person who is a menace either to himself or to society ceases to be a menace within so brief an interval as two years. I recognize that in many instances commitment very likely has the salutary effect of arousing the parents, relatives, or others to the need of supervising the

person who had previously been a menace. The fact that 17 per cent. of the persons committed to the institution are discharged within two years, brings us face to face with a very vital problem respecting any Commitment Law for the feeble-minded in this state or elsewhere. Interviews which I have repeatedly had with parents indicate that in numerous instances the parents have failed to understand that commitment is intended to be permanent and final, or else they entertain a hope that their child will be improved to such a degree that he can safely again be released to their custody. There seem to be many indications that the American people as a whole are not willing to submit to institutional incarceration of their defective children. When institutional care and supervision is strongly indicated for the welfare of the individual, or for the welfare of society, we must have a more effective control than our Commitment Law is proving to provide. The vulnerable aspect of the Illinois law lies in the attitude of many judges who fear a reversal of opinion in the case of appeal to a higher court, and further in the difficulty met in sustaining before the court that the committed person would continue to be or would again become a menace if released. No case has been appealed to a higher court, for in every instance the judge of the lower court has permitted the person to be discharged if the representation made for release was at all menacing to the prestige of the court. Very probably numerous cases will be more adequately guarded and supervised, but there is always a danger that the able representations made in court will not be carried out consistently over an extended period of time. The law makes it possible to commit the feeble-minded person to some guardian or relative in the first instance, or vary commitment from the state institution to such persons, but no cases of such variation of commitment are on record during the interval considered. Discharge for the most part is absolute.

It should be gratifying to clinical psychologists to learn that appeal for variation of decree is seldom ventured on the allegation that the person is not feeble-minded. No striking professional differences have arisen. One case came to my atten-

tion wherein the parents made very strong representation to have their boy, now 15 years old, a delinquent of exceedingly troublesome type, known to the Juvenile Psychopathic Institute for the past four years for his numerous misdeeds, removed from the custody of the institution. This boy had been diagnosed as feeble-minded repeatedly at the Juvenile Psychopathic Institute and again at the institution for the feeble-minded. The parents interested a prominent physician whose specialty is mental affections of childhood, who reported to the court that the child had the intelligence of a normal ten or eleven-year-old child, and was retarded three and a half years mentally. He was non-committal with regard to the presence of feeble-mindedness. He recommended further trial of the boy in the environment in which he had failed so often. While differing with respect to recommendation, he did not dispute the diagnosis already established in court.

Since difference of opinion regarding the person's mental state does not form the basis for petitions for discharge, but rather the notion which is entertained by the parents that their child can be controlled so as not to be a menace, it would seem that the educational endeavor of the State respecting the problem of the feeble-minded should be directed toward disseminating information as to how the feeble-minded are a menace. Parents should be taught to see that it is highly desirable to keep a feeble-minded person from becoming a menace, and that this can be safely done only through state care of some form or other. Undoubtedly the propaganda of numerous mental hygiene societies and associations interested in the welfare of the feeble-minded will exercise an influence in this regard. Possibly the eugenical aspects of the problem are emphasized unduly. The one course would probably be to teach the parents that feeble-mindedness is a phenomenon which they do not understand as well as do those who are in daily contact with this type. Not only must we teach this, but the State must endeavor through a highly organized industrial training for the feeble-minded, to prove that it is true. Parents then will, in a measure, accept professional advice. It is wrong to encourage any parent to

place his child in an institution on the false hope that it will be improved or restored to a normal condition, or cured of some incurable malady. Such advice, unfortunately too frequently given, may smooth the course of the social worker, but it stores up resentment and disappointment for the parents, who will use every means at their disposal to remove their child from the institution when they learn the truth. If they could see that their child is better adjusted to his institutional environment than he could ever be to his home environment, no further persuasion would be needed.

A second class whose education would materially enhance the operation of a Commitment Law are those of the medical profession who are likely to serve as commissioners. It is probably expecting too much to ask that every practitioner acquaint himself with the nature of mental deficiency. Certainly more attention ought to be paid to this important subject in our medical colleges, where at present the entire field of mental deficiency receives scant recognition.

The third class is composed of our judges, who should be educated to a realization of their responsibility in the matter of safeguarding the social standards of their community by elimination of the mentally unfit. In the application of this law, judges vary considerably in their interpretation. One judge will require that it be substantiated in court that the person is a menace to society as well as feeble-minded, which unquestionably is in accord with the intention of the law. On the other hand, some judges regard the state institution as a training school to which persons can be committed for varying intervals, even in some cases advising the parents at the time of commitment that if the child does not improve or does not learn, it will again be discharged.¹⁵

The law provides that a discharge shall be by the variation of decree. How much evidence a judge requires in order to vary the decree probably resolves itself to the difference in judicial proceedings. Certainly it would be desirable if no case

¹⁵The enactment of a commitment law necessarily modifies if it does not actually destroy the attitude toward the State Institution for the Feeble-Minded as a training school. Numerous eastern institutions are retaining the idea of a training school, which unquestionably inspired their inception.

were discharged until the commission, which in the first instance were the professional advisers of the judge, could again be heard in the matter. In fact, the professional commission could take into consideration the individual's behavior in the institution and any change for the better in the individual's home environment. An effective means of disseminating information between a charitable institution and the courts might contribute to the education of our judges. We have, of course, numerous journals devoted to the scientific aspects of mental deficiency, but what number of these journals reach our judges I do not know, but surmise that it is not a large number.

There is an interesting feature of the operation of the Commitment Law to which I would invite attention. As previously stated, there were 1,298 admissions under this law. Eleven counties of the State of Illinois have made no commitments to the institution for the feeble-minded. The aggregate population of these eleven counties is 188,000. It would be encouraging, indeed, if among these 188,000 no feeble-minded persons, either a menace to themselves or others, were found, but I scarcely believe that this is true. Some interesting discrepancies occur in the number of commitments from the various counties. For example, Lee County, with a population of 28,000, has made no commitment. Logan County, with a population of 30,000, has made twenty-two commitments. These counties compare favorably in point of population and agricultural interests. It seems to me that the dissimilar results can be explained on the basis of community responsibility.

Again, if we compare Peoria County, with a population of 100,000, and St. Clair County, with a population of 120,000, we notice a wide variation in commitment. The variations are as follows: Peoria County, 52; St. Clair County, 17; notwithstanding the fact that St. Clair is 20,000 larger in population. From an industrial and economic standpoint these two counties compare favorably, with this exception, that the city of Peoria is a large one, where social effort is highly organized, whereas St. Clair County embraces a number of cities of moderate size, possibly no particular one having very highly organized social

effort. Again I might compare Sangamon County and Rock Island County. Sangamon County has a population of 91,000, with 34 commitments, and Rock Island County has a population of 70,000, with 5 commitments. After reviewing commitments by the various counties, it appears to me that the number of feeble-minded who are a menace to the community appears to be in proportion to the sensitiveness of the social conscience of the community concerned.

Two years' operation of the Illinois Commitment Law has indicated that non-restricted admission to a state institution brings in larger proportion the extremely infirm and idiotic, extending thereby the charitable offices of the state to a larger number of families upon whom idiocy and infirmity rests with its depressing and economically debilitating effects. The law has proved effective in dealing with the illegitimately pregnant feeble-minded woman. It has brought the problem of the delinquent defective type, which the State of Illinois will undoubtedly have to meet and solve. The large numbers committed also compels attention to "out patient" service, which will have to be emphasized to keep the number of feeble-minded wards within the limits which the state can properly handle. More comprehensive results encouraged those who worked indefatigably for the passage of the Illinois law, but the interval has been too brief a one for us to appreciate the full value of their efforts.

A STUDY OF THE SPEECH DEFECTS OF NINETY-ONE UNGRADED CLASS CHILDREN

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Ever since attention has been given to the care and training of mentally defective children, it has been generally known that speech defects are common among them. Tredgold says that it is probably present to some extent in fully three-quarters of all cases. Lapage says: "Defects of speech are common and important among the feeble-minded."

That speech defects are not confined to the feeble-minded is shown by the following studies: Westergard in Denmark made a study of 34,000 normal children and found 2.2 per cent. with speech defects; .617 per cent. being stutterers. Rouma in Belgium made a study of 14,235 children and found 11.5 per cent. with defects of speech, 1.4 per cent. stutterers. Conradi collected statistics in Milwaukee, Cleveland, Louisville, Albany, Springfield, and Kansas City. He reports 2.46 per cent as having defective speech, .87 per cent. of whom stuttered.¹ If Conradi's findings hold true for the whole United States, our school population contains some half million school children with speech defects, about 200,000 of whom are stutterers and the remainder lispers.

Miss Morrison, in her study of 218 first grade children, reported in the *Psychological Clinic*, October, 1915, found 12.8 per cent. to have marked defects of articulation. She excluded the "th" sounds, which 49 per cent. did not give correctly because it is one of the latest sounds to be mastered by children, and secondly because about one-third of the children came from homes in which a foreign language that does not contain this sound is spoken.

In the present study, the children of five ungraded classes,

¹ *Journal of Educational Psychology*, 1912.

91 children in all, were tested. These classes were chosen because the teachers have had considerable training in speech work and because nearly all the children could read. An attempt was made to answer the following questions:

1. How many of the children have defective speech?
2. What is the nature of these defects?
3. What are possible causes of the defects?
4. What are some of the methods of treatment and training which have helped or are helping to cure the speech defects?

Method of Testing for Speech Defects.

Words.—A list of words was chosen containing the consonants used as initial, medial and final sounds. These words were names of objects, colors, numerals, etc., familiar to the child and usually to be found in any school room, or easily procured. All but two of the words could be illustrated by objects or by pictures mounted on cards. Either the object itself, or the picture, or a question in regard to them called forth a response from the child in which the sound to be tested had to be used. A set of cards in accordance with the above scheme, one card for each consonant, was prepared. The consonant to be tested was indicated at the top of the card. Beneath it was written the words containing the consonant in its three positions, i. e., at the beginning, in the middle, and at the end of a word. Alternative words were given in case one was not known to the child. The drawings and colors chosen were very definite in character. The purpose of the cards is to avoid imitation in order that the child's habitual articulation may be noted, and also to make it something of a game which tends to put the child at his ease and to prevent self-consciousness.

The following is the list of test words used:

Consonant	Initial position	Middle position	Final position
m	match man	hammer mamma	thumb wigwam
p	pin pad	paper apple	pipe cap

b	button book	rabbit rubber	tub club
wh	white whistle		
w	wood wagon	away	
f	five (5) fan	coffee lifting ruffle	cuff leaf
v	velvet veil	silver seven	glove sleeve
th (surd)	thimble thread	arithmetic author	mouth tooth
th (sonant)	the this	feather leather	breathe
n	nail nine	penny running	bean gun
l	lion lamp	yellow elephant	bell ball
t	train two	button water	cat boat
d	dog desk	ladder candy	sled wood
r	red ring	barrel arrow bread	ear door
s	six seed	basket sister	glass face
z	zoo zinc	scissors dozen	trees nose

sh	shirt sugar	brushes ashes	fish dish
y	yellow yam yard		
ng		ringing singing	string ring
k	kite cup	pocket stocking	neck book
g	girl gold	sugar wagon	dog egg
ch	chair chin	butcher teacher	church watcher
j	jump jar	engine manger	bridge orange
h	head hair		

The following gives an idea of the card used for testing the sound of p in the three positions:

Initial.....	pin	pad
Middle.....	paper	apple
Final.....	cap	pipe
"What is this?" "A pin."		
"What am I writing on?" "Paper."		
"What is this?" (holding up a cap). "A cap."		

Memory Gems, etc.—The pronunciation of the consonant was noted in the three positions in memory gems and the like where the child had been drilled on the correct sounds in certain words. Much of the speech difficulty in mentally defective children is probably due to defective memory and association. They seem unable to retain in memory the correct sound.

Reading.—The sound in the three positions was noted when the child read.

Conversation.—The child's use of the sound in the three positions in conversation was noted.

The charts that were used show very definitely the speech defects a particular child has and in which position or positions the error is made. Each child can thus be helped as his needs indicate. The use of the charts in this study discovered to the teachers of children tested several speech defects which they had not been aware of before the test was made.

In determining how many of the ninety-one children had defective speech, no error was counted more than once. That is, if a child made a sound of "l" incorrectly in the three positions it was counted as one error only.

All sounds with which children had trouble in any of the ways indicated above were recorded on individual charts made for the purpose. The classification was as follows:

1. Those made with the lips—m, p, b, wh, w.
2. Those made with the lips and teeth—f, v.
3. Those made with the tongue and teeth—th and **th**.
4. Those made with the rim (or tip) of the tongue—n, l, t, d, r, s, z.
5. Those made with the blade of the tongue—sh, zh, y.
6. Those made at the back of the mouth—ng, k, g.
7. ch, j.
8. h (aspirate).

On these charts are also indicated some of the physical and mental conditions which might help to get at the cause of the defects in speech, as follows:

- | | |
|---------------------------------------|--|
| 1. Posture | 9. Condition of salivation. |
| 2. Coordination. | 10. Accessory movements of: |
| 3. Sense of rhythm. | a. Face. |
| 4. Hearing. | b. Body |
| 5. Powers of discrimination of sound. | 11. Early illnesses (age). |
| 6. Breathing: | 13. History of family speech failings. |
| a. Inhalation. | 14. Former treatment for speech. |
| b. Exhalation. | Age. |
| 7. Form of palate. | |
| 8. Form of teeth. | |

Chronological age.	Class.	Number of speech
Mental (Binet) age.	School.	defects.
Age at which talked.	Nature of Defect.	
Nationality.	Cause of Defect.	

Results.

I. Number of children tested	91
Number of boys having speech defects	31
Number of girls having speech defects	28
<hr/>	
Total number of children with speech defects	59
Per cent. of children with speech defects	65
Number of speech errors (lispings)	403

II. Nature of the speech defects noted.

The speech defects were divided into three main classes:

1. **Lispers.**—Those who were unable to pronounce certain sounds, who omitted certain sounds, who substituted one sound for another, who transposed sounds or slurred over certain sounds. The negligent lispers speak incorrectly through mental carelessness, or through incorrect perception of sounds according to Scripture; the organic lispers speak incorrectly because of defective speech organs; the neurotic lispers, because of excessive nervousness.

2. **Stutterers.**—Those who stick on certain sounds and words. Stuttering is characterized by fear, embarrassment, faulty tone, and rapidity in speech. The consonant is produced repeatedly; the child being unable to produce the vowel. Most authorities regard stuttering as psychic in its origin. The fear of the stutterer may be compared to "stage-fright."

3. Lack of intelligible speech.

The following is a tabulation of the defects noted in children of this study:

Lispers:

Negligent lispers	36
Organic lispers	17
Neurotic lispers	2
Stutterers (two of these are also lispers)	4

No intelligent speech	2
Total	61
Two of the stutterers are also lispers	2
Final total	59

III. Probable causes of the speech defects noted.

Thorndike says that the chief defects in the feeble-minded are: slowness in forming habits of any sort, lack of control of attention and, most important of all, absence of, or great weakness in, the capacity to think of elements or parts. Since these three points are most important in the development of correct speech these three defects are probably potent causes of the type of speech defect found in 36 of those having speech defect in this study, namely, the negligent lispers.

Lisping (55 cases). Negligent lisping (36 cases): The causes given by the teachers for this included the following: Mental carelessness, persistence of old habits of speech, persistence of baby talk, carelessness in making sounds, low mentality, mental laziness, poor perception of sound, mental sluggishness, lack of application, slow development and lack of attention. Organic lisping (17 cases): The probable causes of these grouped themselves as follows:

1. Palate defects.
 - a. High palatal arch 3²
 - b. Removal of soft palate by operation 1
 - Total 4
2. Tongue defects.
 - a. Tongue too large 3
 - b. Tongue-tie 1³
 - c. Poor control of tongue and other organs as a

2 Defects on the s and r. Although twenty-six of the children had imperfect palate formation, twenty-two seemed not to be of such a nature as to interfere with the speech.

3 An operation had been performed four years previously, but this boy received no speech training after the operation until about four months before this study was made and the speech habits previously formed still persisted, although he was able to make all sounds. The "th, l, final d, r, and k" sounds are now partly corrected.

part of general lack of motor control..... 3

Total 7

3. Teeth and jaw malformations 3

4. Defective hearing apparently the sole cause 2⁴

5. Spastic paralysis existing from birth 1

Neurotic lispers (2 cases).

Types of errors made by lispers.—The general types of errors were: (1) the substitution of one sound for another; (2) the complete omission of a sound; (3) sounds weakly or indistinctly given.

m—Number of children making error, 4.

Errors:

1. Omission in final position.

2. Imperfectly or weakly given in the medial position.

Positions in which error occurs oftenest:

1. Middle.

2. Final.

p—Number of children making error, 11.

Errors:

1. Substitutions.

k, vakor for vapor.

t, attple for apple.

2. Omissions,—entirely omitted or given imperfectly or faintly. This is especially true of final p.

Position in which error oftenest occurred:

1. Final.

b—Number of children making error, 12.

Errors:

1. Substitutions.

p, poy for boy; rappit for rabbit.

2. Given indistinctly when followed by certain consonants, as r, and in the final position.

⁴ Twenty-two other children were found to have defective hearing. The defects ranged from "slight" to "poor." The causes given by the teachers for the defective speech, however, in all these cases was "mental carelessness." But since a child may not grasp the finer sound discriminations when the hearing is impaired even slightly, it seems quite possible that some speech defects thought by the teachers to be due to mental carelessness were after all due to the diminished power of hearing.

Position in which oftenest made:

1. Final.

wh—Number of children making error, 28.

Errors:

1. Substitutions.
w, wite for white (most common).
2. Omission of the sound.
ite for white.

Sound only used in initial position.

w—Number of children making error, 7.

Errors:

1. Substitutions.
m, mood for wood.
a sound approximating r, roman for woman.
2. Omission of the sound.
indow for window.

position in which sound was oftenest used incorrectly:

1. Initial.

f—Number of children making error, 11.

Errors:

1. Substitutions.
p, v, ft, t, h, ch.
2. Omissions, especially in the final positions.

Position in which sound was oftenest used incorrectly:

1. Final.

v—Number of children making error, 20.

Errors:

1. Substitutions.
f, fan for van (greatest frequency).
b, libed for lived.
z, silzer for silver.
d, sleed for sleeve.
2. Omissions.
sil'er for silver.
slee' for sleeve.

Position in which sound was oftenest used incorrectly:

1. Final.

th (surd)—Number of children making error, 24.

Errors:

1. Substitutions.

t, mout for mouth.

s, simble for thimble.

f, monf for month.

2. Slurring over.

No definite sound value.

Position in which sound was oftenest used incorrectly:

1. Initial.

th (sonant) —Number of children making error, 32.

Errors:

1. Substitutions.

d, de for the.

z, ze for the.

2. Indistinctly given.

n—Number of children making error, 9.

Errors:

1. Substitutions.

l, chimley for chimney.

y, yice for nice.

d, bead for bean.

2. Omission.

i' for in.

3. Slurring over such words as:

prune.

l—Number of children making error, 8.

Errors:

1. Substitutions.

y, yion for lion; yeyyow for yellow.

2. Omission in medial and final position especially when combined with certain other consonant sounds, as

bl, br, etc., i. e.

bue for blue.

bown for brown.

3. Slurring over amounting not quite to omission.

mi'ion for million.

t—Number of children making error, 27.

Errors:

1. Substitutions.

k, koss for toss.

d, buddon for button.

th (surd), muther for mutter.

tch, boatch for boat.

2. Omission.

Position in which greatest number of errors were made:

1. Final (omitted).

d—Number of children making error, 20.

Errors:

1. Substitutions.

th (surd), lather for ladder.

t, slet for sled.

r—Number of children making error, 18.

Errors:

1. Substitutions.

w, wun for run.

2. Omissions in all three positions.

ed for red.

bed for bread.

e' for ear.

Position in which greatest number of errors were made:

1. Initial.

s—Number of children making error, 22.

Errors:

1. Substitutions.

th, theed for seed; fath for face.

t, acrot for across.

z, faze for face.

ts, fats for face.

sh, fash for face.

(Organic defect due to high arched palate).

tch, fatch for face.

zh, fazh for face.

2. Omissions.

Positions in which greatest number of errors were made:

1. Initial.

2. Final.

z—Number of children making error, 12.

Errors:

1. Substitutions.

s, buss for buzz.

th, buth for buzz.

tz, butz for buzz.

Errors pretty evenly distributed as regards position.

sh—Number of children making error, 21.

Errors:

1. Substitutions.

s, fis for fish.

tch, fitch for fish.

ch, bruches for brushes.

k, kugar for sugar.

z, zugar for sugar.

2. Omissions.

Position in which the greatest number of errors occurred:

1. Final.

zh—Number of children making error, 4.

Errors:

1. Substitutions.

sh (division).

y—Number of children making error, 12.

Errors:

1. Substitutions.

ch, chellow for yellow.

r and l are often substituted, but neither was reported in any of the cases of this study.

Position in which errors were made:

1. Final.

ng—Number of children making error, 33.

Errors:

1. Substitutions.

n, strin for string; rining for ringing.
 ngg, ringg for ring.
 nk, rink for ring.

Position in which greatest number of errors were made:

1. Final.

k—Number of children making error, 22.

Errors:

1. Substitutions.

t, tan for can; potet for pocket; net for neck.

2. Omissions—These are of frequent occurrence in the middle and final positions.

picher for picture.

3. Slurring over of sound.

Errors rather evenly distributed among the three positions.

g—Number of children making errors, 12.

Errors:

1. Substitutions.

d, dirl for girl.

ng, longer.

k, dok for dog.

2. Omissions.

ood for good.

3. Slurring over.

wa'on for wagon.

Position in which greatest number of errors were made:

1. Initial.

ch—Number of children making errors, 20.

Errors:

1. Substitutions.

sh, shair for chair.

s, sin for chin.

ts, peats for peach.

2. Omissions—This occurs most frequently in the medial position.

tea'er for teacher.

3. Slurring over.

Position in which greatest number of errors were made:

1. Initial.

j—Number of children making error, 8.

Errors:

1. Substitutions.

sh, shump for jump.

ch, bridch for bridge.

Position in which greatest number of errors were made:

1. Initial.

h—Number of children making errors,

Errors:

1. Omissions.

ead for head.

2. Slighted.

The sounds which were oftenest incorrect in the initial positions are: w, wh, r, g, ch, h, s, y, j.

The sounds most often incorrect in the middle positions are: m, t, z; zh.

The sounds most often used incorrectly in the final are: p, b, f, n, d, sh, ng, v.

Those in which the errors were about evenly distributed: l, th, th, k.

Positions in which errors occur:

1. Initial.

Combinations of consonants are often pronounced badly, or one, usually the last of the combination, is omitted; blue is pronounced b'ue. Sometimes, however, the trouble may be traced to imperfect pronunciation of one of the two consonants.

Stuttering (4 cases), two of which are also lispers. The causes of these appeared to be as follows: nervous exhaustion, 1; congenital as far as the parents can tell (all of these children have other signs of nervousness, tics, a "choking in the throat," motion with hands), 3. The stuttering seems to be one of many manifestations of a generally unstable nervous system.

Almost complete lack of speech (2 cases). This condition seems to be due in one case to complete deafness, coupled with mental defect of so serious a nature as to make the teaching of

lip reading impossible; in the other case, it seems due to low mentality.

Additional information considered in attempting to get at the causes of the imperfect speech in some of the group:

Posture:

Poor	31
Fair	11
Good	17

Coordination:

Poor or very poor	33
Fair	13
Good	13

Sense of Rhythm:

Poor, lacking, slight, or developing slowly	26
Fair	15
Good	18

Hearing:

Defective, varying from almost total to very slight deafness	24
Normal	35

Powers of discrimination of sound:

Poor (very coarse discriminations)	21
Fair (less coarse discriminations)	18
Good (discriminating readily between sounds)....	20

Form of palate:

Imperfect, high, narrow, arched	26
Normal	33

Excessive or uncontrolled salivation 8

Accessory movement of face—same in most cases 18

Accessory movement of body 14

Left handedness 8

Early illnesses, usual 44

Family speech failings recorded 4

Former treatment of speech⁵ 3

Age at which talked:

Before they were two years of age	22
---	----

⁵ Two of these were operations, one for tongue-tie and one for soft palate.

37 children, or 62 per cent., began to talk late in life	
Between 2 and 5 years	17
Over 5 years	5
Unable to get	14
Not at all	1
Total	59

Correction of Speech Defects.

Since speech is so largely a matter of habit, it is necessary in any corrective treatment to apply the laws of habit formation. There are, of course, two things to do—break up the old, bad habits of speech, and put in their places correct forms.

The first step is to build up in the child the desire to speak correctly. The motive for oral language, to get into communication with one's fellows, is very strong. To this motive must be added the desire to use correct oral language.

The next step necessary in the correction of a sound is to give the child a clear idea of the correct sound. Many a child who makes errors of speech has never heard the sounds correctly. He should listen carefully until his ears are steeped, as it were, in the correct sound; he should be shown how to place his organs in order to produce this sound. In some cases it may be necessary for the teacher to place certain of the speech organs in the proper position for the child, by using a tongue depressor, a tooth pick, or by some other means.

After he has a clear mental picture of the sound, it must be given much attentive repetition. The little child learns to speak largely through a process of trial and error. The child who is trying to learn to make correctly a certain sound must go through the same process. Finally he will be able, in most cases, especially of negligent lisping, to hit upon the exact position of the organs necessary to produce the sound. Attention to the speech must be given in all of the oral work. After the child has succeeded in making the sound correctly, great vigilance is necessary in order that he use the correct sound at all times until its use finally becomes automatic. Not until he reaches this stage can the speech error be said to be corrected.

In the study of the special case of speech defect, a thorough medical examination is necessary. Many speech cases are the result of neurotic conditions and of organic difficulties which the physician can help the teacher to understand and overcome.

The case of the child who had tongue-tie is a case in point. He entered P. S. No. 165, Manhattan, in January. The teacher noticed that he could not give the sounds which required the use of the tongue in a high position. She took him to a clinic to see if he needed a second operation (he had been operated on at the age of 7 years). The specialist who examined him there said that a second operation was not necessary. She then concluded that it was simply the persistence of the bad habits of speech formed before the fraenum was cut. She began the training by exercises in tongue gymnastics. These were continued until he had gained good control of that organ and could place it in any position at will. He has improved markedly in the l and r in reading, but is still negligent in conversation. He also stutters a little. The teacher is working to clear up the lisping first, however, because it is quite possible that the embarrassment of it causes the stuttering. He still gives sh for s apparently because of a very high palate.

Devices for Helping in the Correction of Some Defects.

One teacher places the children's names on the blackboard and opposite each the sound or sounds to be corrected. The children work hard to have one erased. In reading, a child will sometimes say as he is studying over a sentence, "Let me read that, there are three of my words in it," or "There are two 'this's' in this story, may I read it?" The children are conscious of their difficulties and are making very great efforts to correct them.

Another teacher will not permit the children to say any poem or memory gem learned previously because they use certain sounds in them incorrectly. She teaches entirely new ones and makes every effort to have all sounds correctly given.

Where the child omits the sound or gives it faintly, as is often the case in final consonant sounds, especially p, t, d, v, one teacher has found it very effective to say to the child, "Hit hard

at the end of the word." This seems to work better than imitation or repetition.

V for w (ve for we). When the child starts to say a word beginning with "w," as we, his lower lip is held down with the finger or with a tongue depressor. If the defect is the opposite of this, and he says wiolin for violin, he is told to bite his lower lip when he starts to say the word.

P for f (pan for fan). The child observes the lips and teeth of the teacher as she makes the sounds and then tries to place his in the same position. A mirror in which both pupil and teacher can look sometimes helps in this case.

The work that is done along the line of the development of correct speech in ungraded class children is well worth while. Nothing can be of greater value to a boy when he goes out into industry than the ability to speak clearly and distinctly. That many of the defects of speech from which our children suffer can be cured has been demonstrated. The time and energy which are given to this kind of training in ungraded classes will bring sure returns in many cases.

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REVIEWS AND NOTICES

Performance Norms for Thirteen Tests. Eugenics and Social Welfare Bulletin No. VIII. The Bureau of Analysis and Investigation, Gertrude E. Hall, Ph. D., Director, New York State Board of Charities. 1917, pp. 1-142.

The Thirteen tests described in this study are as follows.

1. Knox cube imitation test. The four one-inch cubes were fastened on a thin base board and were separated four inches from each other. The "lines" for which norms were secured were the following:

Line	Cubes tapped.
1	1 2 3 4
2	1 2 3 4 2
3	1 2 3 4 2 3
4	1 3 2 4
5	1 3 4 2 3 1
5a.....	1 3 4 2

5b.....	1	3	4	2	3	
5c.....	1	3	4	2	3	1

The instructions to the subject were: "Watch me while I tap these cubes, then I want you to tap them in the same manner." Three trials were allowed for the first four lines, and five for the fifth, following Knox. In the first trial the rate of tapping was one block per second. In following trials the rate was slower or faster, according to what the examiner thought the subject required in order to succeed. To score a success the subject had to have two trials correct. Children from several orphan asylums, and from the public schools were given this test, ranging in age from six to seventeen years. A number of tables give the results in detail. Lines 1, 2, and 3 were too easy for six-year-old children. Line 4 is regarded as a seven-year-old test giving one trial, and line 5 as a thirteen-year-old test, giving more than one trial. The results show an unusually good discriminative capacity of this test between children of different ages from six to about twelve or thirteen.

2. Three-number cancellation. The subject is required to cross out the finish the page divided by the per cent. he crosses out correctly constitutes 3's, 4's, and 5's on a page of twenty lines of numerals. The time taken to the score. The same groups of children seem to have been used in this test as in the first and all the others. For the public school children, of whom about forty were tested for each age, the average score is 4.369 for seven-year-olds, and improves quite regularly to 2.069, for fourteen-year-olds. Tables give the results in detail.

3. Recall of objects. The material consists of ten toy objects, namely, a shoe, dog, hat, cup, chair, chicken, gun, horse, and hatchet. These are shown the subject for 20 seconds, arranged in a row, he being told that he is to recall them in the same order. The number misplaced, and the number omitted enter into the score. A misplaced object counts for one-half error, an omitted object for a whole error. For the public school children, ranging in age from seven to fourteen, the average number misplaced ranges from two to one, the average number omitted from four to two. As a diagnostic age test it therefore seems to be of but little value.

4. Grouping of objects. In this the ten objects of the preceding test were used for an association test. After the recall was made in the preceding test the subject was given the objects and told to arrange them in pairs in any way he wished, so long as he could "account for the grouping afterwards." Each pair was then scored plus or minus according to the reason for the pairing that was given. Any reason at all sensible was scored plus. The following five types of reasons for pairing were noted. 1. Silence. 2. No reasoning or planning indicated in the remark. 3. Infantile reasoning. E. g., "Because they are the same size." 4. Imaginative. E. g., "The hat blew out of the car window." 5. Adult reasoning. E. g., "Wearing apparel." The following gives the percentage of pairings that

were scored plus for each age, grouping the orphan asylum children all in one group.

Age	7	8	9	10	11	12	13	14	15	16
Public School	7.5	24.7	16.5	32.5	28.7	45.4	80.5	75.5		
Institution	7.8	31.4	37.5	24.8	40.1	37.7	46.4	55.5	28.1	42.5

The author does not discuss the possible cause of the irregularity in the percentages of plus responses from younger to older children in this otherwise very good showing of the test. The personal factor in judging a response plus or minus and the several examiners that seem to have been employed suggests itself as an explanation.

5. Peg design. A modified form of the "fox and geese" game is used. The subject is told to watch the examiner place the pegs in a certain arrangement and in jumping them off after they are arranged, after which the subject tries to repeat this process himself. If he fails, he is shown for three trials, and is then allowed to repeat the process until he knows. Then after thirty minutes he is asked to do it again, when he receives no help. The test is scored in two parts, the first or learning part, and the second or memory part. In each part, he scores a success if he finally arranges the pegs correctly unaided. The time and the number of attempts to arrange the pegs are also recorded. Tables give the average time, the number of attempts to arrange the pegs, and the average percentages succeeding for each two parts, for each age. The decrease in average time for the first part gives the best showing, ranging from 452 seconds, for seven-year-olds, to 142 seconds for thirteen-year-olds, without irregularity, in the case of the public school children. The other scores show more or less irregularity. It seems possible that some formula for combining those several scores in the right way might make a very good test.

6. Story reproduction. The fable, "The Hares and the Frogs," was read to the subject, who was told to listen carefully, and recall as much as he could. The score consisted of the number of details recalled correctly, and nine were required to score a plus. The percentages succeeding are uniformly much lower for the orphan asylum children than for the public school children, and it is therefore regarded as of high diagnostic value. The following gives the percentages passing for each age.

Age	7	8	9	10	11	12	13	14	15	16
Public School	2.5	....	17	40	53.8	72.9	92.1	75	....	....
Institution .....	....	2.2	8	5.3	10.4	27	26.4	19.2	30.7	33.3

7. Syllogisms. The following five syllogisms were used, the subject to give the conclusion in each case.

1. "All new brooms sweep clean.
This is a new broom."
2. "You must obey your superiors.
Mr. B. (supplying name of a superior) is your superior."
3. "A building where you come to learn is called a school."

You come to this building to learn."

5. "The largest city in any state is called a metropolis.

New York City is the largest city in New York State."

This test is also regarded as of high diagnostic value. The percentages giving correct conclusions are given for each syllogism separately, and on the whole shows an unusually good and regular increase from younger to older children.

The following are the average percentages for the five syllogisms, computed from the tables given.

Age	7	8	9	10	11	12	13	14	15	16
Public School	0	1.4	15.6	33.0	49.2	62.1	76.2	70		
Institution .....	.8	2.3	12.2	21.1	19.6	42.9	41.9	35.4	58.4	39.9

8. Four-detail drawing. A selection from Book I of the Mother Tongue by Arnold and Kittredge, entitled "Kindness to Animals," was read to a class, they being told that they were to illustrate it by drawing. After one reading the main passage of the selection was written on the board. In scoring, excellence of drawing was not considered, but only the ideas expressed. A certain number of details were required in a drawing to score a plus. The percentages passing the test for seven to seventeen-year-olds, respectively, were as follows:

7	8	9	10	11	12	13	14	15	16	17
20	31	35	46	56	69	58	77	81	50	33

A number of the children had been examined with the Binet-Simon tests. For these the percentages passing for the different mental ages were as follows.

VII	VIII	IX	X	XI	XII
8	30	20	57	79	95

9. Three-detail drawing. This test was similar to the preceding, but with a different selection, and designed for younger children. The percentages passing were:

7	8	9	10	11	12	13	14	15	16	17
61	74	84	86	87	91	92	84	73	71	100

10. Balance nickel. The test consists of balancing a moderately used nickel on the table, the examiner first illustrating to the subject. Two successes scored a plus. The great irregularity of the time taken to balance the nickel and also in the percentages passing from younger to older children indicates that the test is of little or no value as a diagnostic age test.

11. Peg board. A peg board six inches square with a hundred holes, in rows of ten, one-half inch apart, was used. The subject is given the board and one peg, and is told to stick the peg into each hole one after the other as fast as he can, the examiner illustrating first by going half way across the first row. The average time for the public school children of the different ages was as follows:

6	7	8	9	10	11	12	13	14	15	16
92	89	78	66	63	65	63	60	67		

For the different mental ages for the institution children the average time was:

VI	VII	VII	IX	X	XI	XII
34	84	67	71	65	63	63

12. Tower. The material consisted of a nest of seven or eight boxes, the largest three and a half inches square, and the smallest two and a half inches tall and slightly less than an inch square. The test consists of building the tallest tower possible, raising it from the floor to the table, and putting the boxes together into the smallest possible space. The score consists of the time taken and success or failure for each of the three parts. The test shows a fairly good decrease in the time taken from younger to older children, but with considerable irregularity.

13. Boat. The problem of getting three men, weighing 300, 150, and 150 pounds, across a river in a boat carrying only 300 pounds is presented to the subject. Four pieces of cardboard representing the boat, and the three men are used. It was given to the orphan asylum children only. The average time taken to solve the problem by children of different mental ages was:

VII	VIII	IX	X	XI	XII
174	203	169	126	105	99

F. KUHLMANN.

A social study of Mental Defectives in New Castle County, Delaware. By Emma C. Lundberg. Dependent, Defective, and Delinquent Classes, Series No. 3. Bureau Publication No. 24. U. S. Department of Labor. Children's Bureau, Washington, 1917. Pp. 1-38.

This study and survey was begun in the fall of 1915 and completed July, 1916. The Census Bureau estimated the population of Newcastle County to be 131,670 for July, 1916. Delaware made no provision for the care and training of its feeble-minded outside of maintaining fourteen cases at the Pennsylvania Training School for the Feeble-Minded at Elwyn, Pa. No mental examinations were made especially for this study, but the U. S. Public Health Service had made a mental examination of all school children in the county outside of Wilmington, and a selected list in the latter, whose results were available. "A list of supposed mental defectives in New Castle County was secured through the co-operation of all institutions in the State having inmates who came from this county, social agencies of all kinds, public and parochial schools, county and State officials, workers dealing with problematic children, and private individuals in all parts of the county having special knowledge of conditions." The list of possibly feeble-minded thus secured was divided into three classes of cases. (1) Positive cases of mental defect. (2) Questionable cases. (3) Cases probably fee-

ble-minded. The first comprised cases "diagnosed as mentally defective by competent authority, and those of so low a grade of mentality as not to require examination." The second class comprised cases of doubtful mentality who were not given mental examinations. The positive cases were studied further, including an inquiry into "economic status and character of the family, physical conditions and developmental history, personal characteristics, school history and attainments, occupational history, and economic efficiency, social reactions, including delinquencies and other anti-social tendencies, and ability of the family to care for and safeguard the defective individual."

Two hundred and twelve positive cases were found in the county, 159 white, and 53 colored; 126 males and 86 females. 132 of these were at large in the community, 80 in different institutions, 12 of the latter being in a school for feeble-minded. Of the 132 at large, 99 were with their parents, 19 with their relatives or in foster homes, 3 in homes of their own, and 11 without permanent place of abode. Of the 99 living with their parents, 56 belonged to families either dependent or on the verge of dependency; 4 or 5 belonged to well-to-do families. Of these 56 families, 39 were white and 17 colored. 25 of the 39 white families had unfavorable home surroundings. 18 of 60 white, and 9 of 23 colored cases over 14 years and living at large had followed some gainful occupation, but in nearly every case irregularly, and with otherwise unsatisfactory results. 46 of the above 132 cases were reported delinquent, degenerate or uncontrollable. 12 of the 212 cases were in an institution for the feeble-minded, 32 in a hospital for the insane, 26 in industrial schools, and 10 in institutions for dependents.

The questionable cases included 361, 302 white, and 59 colored; 198 males and 163 females. 346 were at large in the community, and 15 in institutions. Of the 346 cases 301 lived with their parents (the report for this class came largely from school children). Of the 301 cases, 85 were in homes "detrimental to their moral and physical welfare." 88 were recognized in their community as delinquents or difficult to control.

Among the author's conclusions and recommendations are the following:

1. Institutional provision must be the central feature of any program for adequate provision for mental defectives. "The institution should serve as the focus for the various activities necessary for the proper care of the feeble-minded."

2. There should be facilities for mental examinations in all parts of the State. This might be provided by a system of clinics at regular intervals held by the institution psychiatrist, in co-operation with the schools and other existing agencies.

3. Special classes for defectives should be organized in all school systems large enough to make them practical, which should provide training and instruction adapted to cases that may safely remain in the community.

4. Parole and out-patient departments might be maintained by institutions for cases who have received special training.

F. KUHLMANN.

Mental examinations. *Eugenics and Social Welfare Bulletin No. XI. Bureau of Analysis and Investigation. Gertrude E. Hall, Ph. D., Director New York State Board of Charities, 1917.. Pp. 1-73.*

This bulletin reports on the examination of the following groups:

1. Orphan asylum children. 2. Delinquent girls. 3. Delinquent women. 4. Public school children. 5. Indian children. 6. Re-examination of 37 children. 7. Special classes of 11 defective children. All the children, 2,142 in number, of twenty-three orphan asylums, were given the Binet-Simon tests. Of these a little over 6 per cent. were found feeble-minded. Calling all mentally at age whose mental age is within half a year of the chronological, gives 479 at age, 131 advanced, and 1,102 retarded, 253 are three or more years retarded. The ages of the children ranged from two to twenty-one years. The method of determining the mentalities of the younger children whose ages the Binet-Simon scale does not cover, and the basis on which a child was classified as normal or feeble-minded, are not given. Considering the seven-year-old child pedagogically normal in the first grade, and so on, gives for the grammar grades, 242 pedagogically advanced, 318 in grades corresponding to their ages, and 902 pedagogically retarded.

Six hundred and seven inmates of the New York Training School for Girls were examined, using four different "versions" of the Binet-Simon tests. These examinations were made during the course of five years at the request of the institution which chose those first who created the greatest problem for the institution from the disciplining standpoint. Comparing the poorly behaved group with the well behaved, however, it was found that the latter ranked lower in intelligence. The chronological ages ranged from twelve to twenty years, the mental ages as low as five years. The classification made of the 607 cases is as follows:

Normal	59
Nearly normal	35
Not normal	1
Not feeble-minded	79
Psychopathic	4
Subnormal	68
Retarded	111
Borderline	48
Feeble-minded	202

Some of the borderline cases from fifteen to eighteen years were re-examined after an interval of six months or a year, but no marked improvement was found. The distribution by mental ages of all the cases is given

No fixed rule as to the number of years retardation that should constitute feeble-mindedness was followed, because it was held that "mentality is only one factor in getting along in the world. * * * * * One's disposition, the way one reacts to joys and sorrows, the jolts and disappointments of life," is noted as the second factor.

One hundred and ninety-four women of the Western Home of Refuge for Women from the age of sixteen to thirty were examined with the Stanford Revision of the Binet-Simon tests, by Jessie S. Herrick, M. D., who also reports the results. 60, 32 per cent., of these cases gave positive Wasserman reactions. The following is the classification made:

Normal mentality17 per cent.

Subnormal48.4 per cent.

Feeble-minded34.5 per cent.

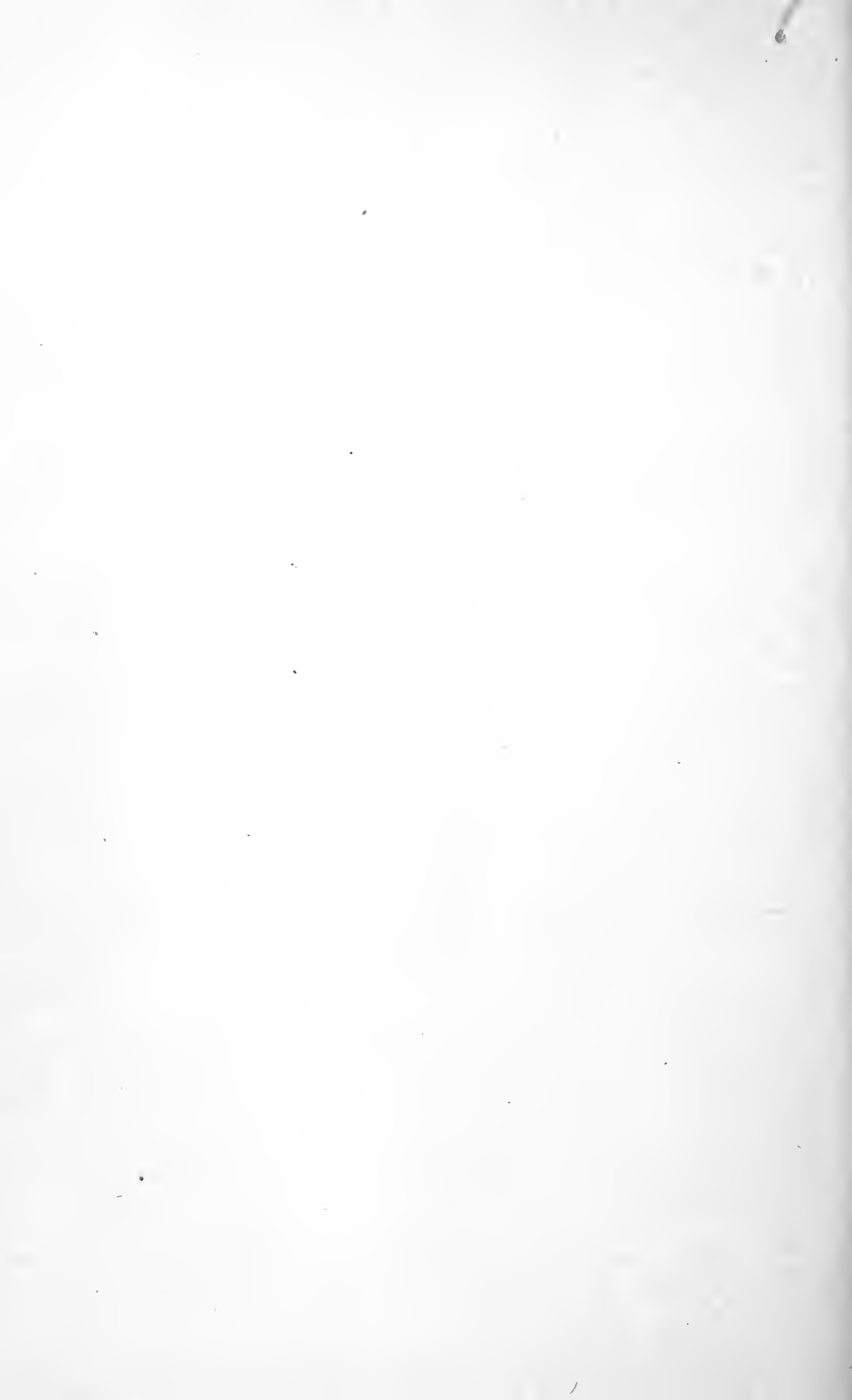
The basis for this classification is not given, but a table given shows the number of cases for each mental age under each chronological age, from sixteen to forty years.

The Bureau was called on to make a number of examinations in various places in public schools. No results are reported, but a number of recommendations are made as to the kinds of special classes the public schools might establish for subnormal children.

A few of the best and poorest pupils of the St. Thomas Indian School of Iroquois, New York, were examined with the Binet-Simon tests. The author gives no statistical results, but limits the observation to remarks on differences in mental and physical traits between white and Indian children.

Thirty-seven children of an orphan asylum were examined twice with the Binet-Simon tests at an interval of ten months. The second examination was made to select subnormal children for a special class. The ages and mental ages for each case are given for each examination.

F. KUHLMANN.





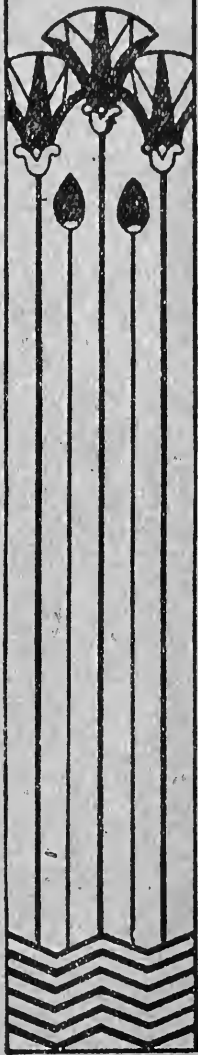
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REGISTRATION OF THE FEEBLE-MINDED¹

By GEORGE A. HASTINGS, *Executive Secretary, Committee on Mental Hygiene, New York State Charities Aid Association.*

Community control of the feeble-minded involves the progressive steps of identification, registration, instruction, supervision, and segregation—and the second in importance of these is registration. Without it, no program for community control of the feeble-minded will advance very far.

I shall not take the time to dwell upon the need of more effective measures to control feeble-mindedness. I take it for granted that we all have come long since to a realization of that need. If anything were needed to supplement our experience along this line in civil life, it is furnished by the rejection of more than 12,000 men from the new National Army on account of nervous and mental disorders. And of this number practically one-third, or 4,000, were feeble-minded.

Need of Registration Widely Recognized.

As one looks over the history of efforts to control feeble-mindedness he is struck by the unanimity with which authorities urge registration as one of the most essential steps. Practically everyone regards registration or a continuing census as coming next to identification in importance. I should not in this meeting expect any dissent from the general proposition that next in urgency to finding out who the feeble-minded are, is the

¹ Read before the Mental Hygiene Section of the National Conference of Social Work in Kansas City, Mo., May 16, 1918. General topic of the section meeting was "Steps Necessary in Community Control of the Feeble-Minded."

need of making a list of them, their whereabouts, and their histories, and keeping the list up to date.

Naturally the question arises, If registration is so important and there is such a unanimity of opinion about it, why isn't more of it done? I confess that I do not know the answer. Certain it is that this has been one of the most neglected steps in community control of the feeble-minded. I wonder if our failure to make progress in any large and continuous way is not due to a considerable extent to this neglect? Will we ever make substantial and permanent progress except by making registration a part of our program? I believe not.

In fact, lack of accurate knowledge about the problem of feeble-mindedness has been the great stumbling block in the way of efforts toward dealing with it effectively. As Dr. Walter E. Fernald has said, "The one great obstacle to effective prevention of feeble-mindedness is the lack of definite, precise knowledge. * * We do not even know the exact number of the feeble-minded."

Naturally the first thing which a legislature or other public body wants to know when it is asked to spend money to provide for the training, supervision or segregation of the feeble-minded is, How many do you want to provide for? This is the one question which the average community or state can not answer. It is a question which must be answered before any great degree of permanent progress can be made. Legislatures and communities are moved to action by facts, not generalities and guesses.

But a census is needed not only to stimulate state or community action but as the basis for the program which it is desired to carry out. A census and classification of all the feeble-minded in a state, with information as to their family histories and environment, will show not only the number but also the character of those requiring institutional care and make possible an intelligent decision as to the kind and size of the institutions needed. It will point the way to intelligent supervision and training of the defectives for whom institutional custody is not necessary. It is not sound public policy

to begin expensive building projects without knowing how many defectives are to be housed. And it is courting certain failure to place mentally defective persons in any large number under private supervision, even under the care of relatives, unless the persons registered are accessible to the State or community authorities so that their care and training can be supervised and certain standards maintained.

Meagre Data on Number of Defectives.

One might naturally expect to find light on the number of feeble-minded persons in the country by examining the figures of the Federal census, but those figures are so incomplete that they are practically valueless.

Various special attempts have been made to enumerate the defectives in given areas, but none has ever been a complete census. The surveys of the British Royal Commission on the Care and Control of the Feeble-minded (appointed by the late King Edward VII to make a study of feeble-mindedness in the British Isles), the Rockefeller Foundation survey in Nassau County, N. Y., and surveys, studies and enumerations in various states and in some of the large cities of the United States are the most notable examples of these attempts. But in no state in this country, so far as my information goes, does there exist machinery for an adequate and continuous registration of the feeble-minded. Such a system, it seems to me, is a prerequisite to intelligent action and progress.

The evidence in favor of segregation as an essential step in controlling feeble-mindedness is voluminous. It would scarcely be possible even to summarize all of it. I should like to mention a few of the sources from which recommendations and knowledge on the subject emanate.

The study made by the British Royal Commission is generally regarded as the best from the standpoint of scientific method and thoroughness of any survey of its kind ever made. The Commission's findings were incorporated into a report consisting of seven volumes. It recommended that

"If the mentally defective are to be properly considered

and protected as such, it is necessary to ascertain who they are and where they are and to bring them into relation with the local authority."

Largely as a result of this Commission's inquiry and report was passed the British Mental Deficiency Act of 1913, which has been referred to as "the most important measure of social reform and social justice of modern times." In this law the registration of the feeble-minded is made largely a local affair, although provision is made for sending copies of the certificates of feeble-mindedness issued by the local authorities to a central body in London, if required.

In Canada, Dr. Helen MacMurchy, Inspector of Auxiliary Classes for Ontario, writes that

"The powers conferred upon the school authorities by the Education Act, the Compulsory Education Act, and the Auxiliary Classes Act, enable them to make a complete register of all children of school age under their jurisdiction, include all children who may be unable to reach the school or to benefit by the instruction given in the ordinary classes."

The Public Health Committee of the New York Academy of Medicine in a survey of its activities from 1911 to 1916 recommended

"A permanent bureau of life records and that the criminal feeble-minded should be referred by the court to a State Board."

In 1915 this Public Health Committee recommended to the Constitutional Convention the establishment of a State Board

"With power to register all of the mentally deficient of the State."

The report of the State Board of Charities of Virginia to the General Assembly of 1916, based on a special inquiry, recommended

"That the State Board be empowered to have charge of the registration of the mentally defective persons of the commonwealth."

A special commission studying the subject of segregation

and care of the feeble-minded in Pennsylvania also recommended registration as an essential step.

In New York State, the Hospital Development Commission, created by the 1917 Legislature, recently completed the first year of its study of feeble-mindedness and insanity. One of its chief recommendations in regard to the feeble-minded is that the State should

"Make a census as complete as possible of all the feeble-minded in the State, obtaining all possible light on their family histories and surroundings."

A law has just been passed in New York creating a new State Commission to administer the law in relation to the feeble-minded. Its duties are specified in part as follows:

"Immediately on its organization plan a census of all persons in the state who are feeble-minded persons; * * * and for this purpose the education department and any other state agency shall furnish such aid and information, within its power, as the Commission may require. Prepare and keep a record of all feeble-minded persons in the state, and provide accommodations for all such as require care and treatment in suitable institutions."

A survey of mental disorders in Nassau County, N. Y., made July-October, 1916, by the National Committee for Mental Hygiene and the Rockefeller Foundation, with the United States Public Health Service co-operating, has been compared as to scientific method and thoroughness with the survey of the British Royal Commission, although the inquiry was made on a broader sociological basis. To quote from the report:

"The principal question raised is not, What is the percentage of 'insane' or 'feeble-minded,' or 'mentally defective' persons in the population. But rather, What instances of social maladjustment, sufficiently marked to have become the concern of public authorities, are, upon investigation, to be attributed mainly or in large measure to mental disorders? Thus the main object of the survey was to study the nature of the relationship between social maladjustments and mental disorders. Accord-

ingly two independent systems of classifications were adopted—a medical and a sociological one.”

This survey revealed a rather striking amount of social maladjustment due to mental disorders. Although the survey differs somewhat in object and method from other surveys of its kind, the recommendations growing out of it are equally striking as regards registration. They emphasize

The need of registration of “instances of maladjustments sufficiently marked to come to the notice” of various public authorities. By continuing, revising and refining the registry from time to time in the light of new data, it is anticipated that “after several years’ development such a register will show that the bulk of all crime, vice, dependency and other maladjustments in a given commonwealth is attributable to a comparatively small fraction of the population.”

In 1915 the Legislature of Missouri Created a Children’s Code Commission to codify the laws of the State relating to the welfare of children. J. E. Wallace Wallin, as chairman of its Committee on Defective Children, made as one of his seven recommendations to the Commission,

The creation of a State Bureau of Psychological Diagnosis to which should be reported the names of suspected feeble-minded children. The Commission made a general recommendation for state-wide registration of feeble-minded children from public and parochial schools to be sent to a state agency.

Dr. Walter E. Cornell, former Director of Medical Inspection of Public Schools, Philadelphia, and Chief Examiner of the House of Detention and Juvenile Courts of Philadelphia, in a paper which he read before the National Conference of Charities and Correction in Baltimore in 1915, advised:

“The registration of all feeble-minded, both those at large and those in institutions, is one of the most important steps looking toward the reduction of their number. It furnishes the necessary medical testimony to the court when the feeble-minded are before the bar in later years on charges of vagrancy or delinquency. It also gives us the information concerning the actual number of the feeble-minded—a necessary preliminary to

adequate provision by the state for custodial institutions. The matter of registration in the large cities at least is not difficult in certainly 95 per cent. of the cases. Neither is it expensive. The writer handles all of the cases of the Philadelphia Juvenile Court, the Bureau of Compulsory Education, the Children's Aid Society, the Society for the Prevention of Cruelty to Children, and the Philadelphia Children's Bureau. There are in the Philadelphia public schools, in round numbers, 400 definitely feeble-minded children, and 3,500 borderline cases. These latter are not at the present time officially examined, but it could readily be done in the Division of School Medical Inspection at a cost of certainly not more than \$3,000 per year. The sum of \$10,000 per year would register every feeble-minded child in Philadelphia, for every public and private agency, all expenses of medical and clerical service included * * * The registration, of course, would have to be under the sanction of the courts or of some official designated by the legislature."

Indiana is rather an exception to the rule about registration, for a number of years ago the State took steps to provide limited registration, the results of which have heretofore been the subject of papers by Amos W. Butler, Secretary of the Indiana Board of Charities, and Ernest P. Bicknell, a former secretary. My understanding is that this was largely institutional registration. The institutions made regular reports as to the persons admitted to them so that officials and social organizations working in the various communities had in their possession data about families in which feeble-mindedness exists. It, of course, is of enormous advantage to know of these prepotent families so that steps can be taken to deal with them.

As Dr. Fernald has said:

"It is possible that a real eugenics survey of a given locality might show that 90 per cent. of the feeble-mindedness in that locality was contributed by 5 per cent. of the families in that community."

The importance of identifying and recording these prepotent families as a preliminary to doing something about them is ob-

vious. Here perhaps is the finest opportunity for intensive and effective work in checking feeble-mindedness.

Accurate Diagnosis Essential to Registration.

Although I am not scheduled to speak on identification or diagnosis at this meeting and some one else is, I cannot refrain from saying just a word about it because of its important bearing on the subject of registration. I feel very earnestly that registration should be made only after definite and accurate diagnosis, based on a well-considered and established standard of normality, as near as may be.

Josh Billings said it was better not to know so much than to "know too many things that ain't so." I should rather not register so many feeble-minded than to register many who are not feeble-minded.

Our standards and methods of deciding about feeble-mindedness should be in accord with the best thought and scientific knowledge of the time, but the details and the terminology of the process should not be described to the general public in such ultra-scientific and high-sounding terms that the public will be unsympathetic, if not skeptical. Dr. Fernald uses the Binet (age basis) tests or other standard tests and modifications, plus a study of family history, economic efficiency, and moral reactions. If three of these show subnormality below the accepted standard the person is considered feeble-minded.

How Shall the Feeble-Minded Be Registered?

Of course the neglect to register the feeble-minded has been attributed in part to the fact that no practical and effective method has been presented. But it has also been due partly to the fact that investigators were too easily frightened by the apparent size of the job. Personally, I have a strong feeling that they were unnecessarily frightened—that it is not so hard as it appears, that it would not require as extensive machinery and as much time as some authorities have thought, and that if the machinery now maintained by public and private organizations

could be fully utilized, comparatively little new machinery would be necessary.

In a word, if some existing state body or a newly created state body could be charged with the duty of collecting, classifying and co-ordinating the data which the schools, courts, reformatories and local officials and organizations throughout the community already have on hand, or could obtain with comparatively little effort, we would soon be a long way on the road toward a census of the great bulk of the feeble-minded—certainly as many as could be promptly provided for. By continuing to collect, classify and revise this data as provision is made for cases already listed and as new cases are discovered in the community, we would soon have a basis of accurate knowledge on which to build programs and take intelligent action.

If efforts were concentrated for a few years merely on discovering and listing the defective children, disregarding adults, the results in a generation or two would be far-reaching.

The Point of Attack

There are four places in which many of the feeble-minded can be detected early in life—the home, school, juvenile court, and the reformatory. Of these, the school is the most important so far as registration is concerned. All children do or should pass through the schools. Here their condition should be diagnosed and registered, and instruction suited to their capabilities provided. Or, if they are to require supervision or segregation for life this can be provided before they have gone out into the community and become criminal, immoral, diseased, paupers or ne'er-do-wells.

The compulsory education law in each state should require the registration of every child of school age, including defectives. When children are not found attending school because of mental defect, their diagnosis and social standing should be known to the school authorities and recorded for the use of public and private organizations dealing with the feeble-minded. Unfortunately in many states the compulsory education law does not require children who cannot profit mentally to attend

school. The law should be amended to bring all children of school age within its purview. If a child cannot profit in a regular or special class, he should be in a State institution for training and protection, or his training and supervision at home or elsewhere should be maintained at a certain standard, and the State or community should have officers to see that that standard is maintained.

If ungraded classes for backward and defective children were more general, as they are likely to become within the next few years, and if we had nothing more than the registration of the members of and candidates for these classes, we would account for a vast number of the morons and imbeciles who form such a large part of the feeble-minded now without protection in the community.

Agencies to Co-operate in Registration.

Starting then with the school system as a nucleus of a mechanism to keep an accurate and continuing record of the feeble-minded and to report it to a central State authority at intervals, we might rely upon the following organizations and agencies acting co-operatively with the mental specialists to make a substantial census of the great bulk of cases in the community:

1. Public schools, local boards of education and the State Departments of Education in the various States.
2. Juvenile and adult courts, especially those which have facilities for mental examination of the cases brought before them.
3. Probation officers.
4. Jails, reformatories, orphanages, and all other private and public charitable, reformatory and correctional institutions.
5. Commissioners of charities, superintendents and overseers of the poor, superintendents of almshouses and all other poor-law officials.
6. Physicians in general practice, and more especially those engaged in the specialties of neurology and psychiatry.

7. Charity organization societies, and other relief and social agencies.
8. Societies for the prevention of cruelty to children.
9. Clinics and hospitals (especially the out-patient departments of institutions for mental diseases), and city and charity hospitals.
10. Lodging-houses and work-houses that shelter vagrants.
11. State and national mental hygiene societies and local committees.
12. County agents and agencies for dependent children.
13. Institutions for the care of the feeble-minded, insane and epileptic should report and register all cases sent to them and all who are candidates but who cannot be accommodated and are placed on the waiting lists.

Results to Be Expected from Registration.

The records thus obtained should be filed with a central governmental agency and also be made available for social workers, school authorities, and other agencies. It would prove of great value in the solution of the individual problems which the feeble-minded constantly present.

"This alone," as Dr. Fernald says, "would mean a great saving of time, effort and money. Once a person was adjudged feeble-minded, a permanent accessible record would be made.

"This continuing census and registration of the feeble-minded would make possible regular visitation of each defective who needs oversight by the trained social worker or by the local representative of the central bureau. The reports of these visitors, covering the life histories and the family histories of many cases, would soon constitute an invaluable treasury of information as a basis for scientific research and study in the search for practical methods of prevention. The official visitor would advise the parents as to the care and management of the defective and would have opportunity to inform the family, the local officials and the community generally as to the hereditary nature and the peculiar dangers of feeble-mindedness.

"The registration of every feeble-minded person, and the regular visitations, especially of children of school age, would make it possible to inform the parents of the condition of the child, of the necessity of the lifelong supervision, and of the possible need of future segregation. * * * Sooner or later the parents will probably be willing to allow their child to be cared for and trained in the institution. In suitable cases parents who are not willing may be allowed to have the custody of their child, with the understanding that he shall be properly cared for and protected during his life, that he shall not be allowed to become immoral or criminal, and that he shall be prevented from parenthood. Whenever the parents and friends are unwilling or incapable of performing these duties, the law should provide that he shall be forcibly placed in an institution or otherwise safeguarded. The local representatives of this central bureau would officially serve as advisors and sponsors for pupils graduated from the special school classes, for court cases under probation and observation and for institution inmates at home on visit or on trial."

If such a system as this could be established in the various States, with a reasonable uniformity assured through Federal help extended by the Public Health Service or through the co-ordinating influence of some national organization for mental hygiene, the results in a few years might easily take us a long way on the road to a solution of the problem of controlling feeble-mindedness and really mark a new era in dealing with it.

The schools would be compensated for their efforts by the incubus that would be lifted from their regular classes and to some extent from their ungraded classes. Relief organizations would quickly feel their burden lightened. So, in fact, would all social agencies. Reformatories, almshouses and other institutions would be in a position to do better by their normal inmates if relieved of their abnormals.

And how much the feeble-minded themselves would gain in treatment, training and public understanding by such a system of registration!

The Form of Registration.

I cannot furnish a fully worked out form of registration with which to carry out the system I am discussing. Undoubtedly this could only grow out of actual experience for some time in meeting the various problems, complications and questions as they arise in the attempt to make a registration. The methods of selecting and recording pupils for ungraded classes in the public schools might throw light on the broader problem.

I have ventured to draft a tentative form of registration which includes some of the main points which it seems to me should be covered in such a system. In it I have attempted to make a registration form to indicate the essential medical, psychological, and sociological data and yet not be too complicated and lengthy for practical administrative purposes. The card is as follows:

.....191 .

REGISTER OF THE FEEBLE-MINDED

in

Town or City
 County
 State
 Name
 P. O. Address (Street and Number)
 Age Sex.....Nationality
 Birthplace..... Married..... Children.....

Diagnosis:

Idiot..... Imbecile..... Moron..... Borderline.....
 Mental Age

By whom diagnosedof
 P. O.on
 Date

Prognosis:

.....

Characteristics:

Dull..... Stupid..... Cruel..... Boisterous.....

Wayward.....

Habits:

Alcoholic..... Drug Addict..... Sex Abnormality

Physical Defects:

Syphilitic.... Epileptic.... Paralytic.... Tuberculous.....
Crippled..... Eye..... Ear..... Nose and Throat.....
Speech Defects..... Other Defects.....

If Woman, how many children borne.....

How many living

Any illegitimate

Miscarriages

School Record:

No. of years in school..... Grade

No. of years behind grade

Record of Occupation:

Employed: Regularly Irregularly

Not ever employed Kind of employment.....

Earning capacity..... Self-supporting.....

Social Contacts and Conflicts:

Ever received public support or relief.....

Give extent and time

Ever been in prison.....reformatory.....almshouse.....
or other institution.....

Give length of time and details

Ever been in Juvenile Court

Ever been on probation

Give circumstances

Facts About Parents of Person Reported:

Nationality of father..... His mental status

Nationality of mother..... Her mental status.....

Were parents married..... Are parents living now.....

Additional Data

This report made by

P. O. Address

Name of organization

Position

SELF-SUSTAINING FEEBLE-MINDED¹

By CHAS. BERNSTEIN, M. D., *Superintendent Rome Custodial Asylum,*
Rome, N. Y.

In view of the large number of the feeble-minded and socially unfit (some 30,000, according to the very conservative estimates of the State Board of Charities) in New York State requiring state care and treatment, and especially as there is at present such great demand on the part of the citizens of the state for greatly enlarged facilities for proper training as well as custodial care of the really feeble-minded, we believe that the time has come when something much less expensive and many times more practical and natural than the physical custody of brick walls and iron enclosures and large per capita expenditure for buildings, as well as yearly cost of maintenance is possible and practical to meet the conditions outlined for a larger percentage of these cases.

First. We have enough institutions for the present (when such institutions are completed and made available) for the first reception and training of the feeble-minded children.

With better facilities for manual, industrial and vocational training in our public school system to take the place of the lack of opportunity for home training, physical development and apprenticeship, as existed in the past, many of the borderline cases will be saved in community life and will never need asylum or custodial care.

Second. From now on we should devote our energies toward enlargement along the line of colonization so as to so far as possible rehabilitate and return the services of these inmates to the state and its citizens, thus vacating many of the \$800.00 and \$1,000.00 beds in our existing institutions and making them available for the further extension of the training of younger and more socially dangerous cases.

¹Given at the Meeting of the American Association for the Study of the Feeble-Minded, New York City, June, 1917.

Third. The services of many of the female adult cases could well and economically be made available to large centers of populations for doing domestic work, hand laundry and sewing, and thus in no way be materially competing with native or naturalized American labor. (At least 20 per cent., and I believe 40 per cent. of all feeble-minded and borderline cases can be very successfully and economically so handled).

Fourth. There is ample opportunity for colonization of all the available adult trained males on various parcels of state-owned lands and abandoned or undeveloped farms where such labor is especially desirable and useful, and at the same time the individual is rendered happy, contented and self-sustaining in an environment well suited to his mental state.

These statements are not based on theory or abstract thought but rather on concrete experiences, the results of twenty years' work with and study of the 4,000 feeble-minded who have passed through this asylum since its organization in 1894, 1,500 of whom are in custody here at the present time.

We have carried on colonization along these lines among the feeble-minded for the past ten years and have proven it practical, economical, and entirely feasible in every way.

We have nine farm colonies with 20 inmates, and a farmer and wife on each where the 22 people are living comfortably in the old farm house on 100 or more acres of land, such farms costing the state between \$5,000 and \$10,000 each. To build large brick buildings it costs at least \$500 for every inmate. These colonies are entirely self-sustaining, including all expenses and 5 per cent. on the investment.

We also have four colonies for girls in rented houses in the city of Rome and elsewhere, where 72 girls under the supervision of a matron and a social worker are supporting themselves, doing domestic work, hand laundry, and sewing.

Farm Colonies.

Ten years ago (see twelfth annual report) our first farm colony was opened with 20 trained boys and a man and wife on a farm of 180 acres, costing \$10,000, laying one mile from the

Asylum. Two years later another farm colony was instituted on an adjoining farm of 20 acres, costing \$5,000, laying between the first farm colony and the Asylum farm, and by dividing the acreage of the larger farm with the smaller one making two colonies of 100 acres and 20 inmates each.

Two years later another outlying farm of 300 acres, five miles from the Asylum, was rented for \$650 per year for use in growing fodder and pasturage and stabling our large herd of growing young stock. This farm is still rented and at present has thereon 100 growing steers which will be used for beef, also 40 head of growing cows (we have not purchased a cow in twelve years, but have grown from our best calves all the cows we have, 160 at present.)

Four years ago we purchased a neighboring farm of 60 acres for \$5,000, and by expending \$2,000 on the buildings we have very comfortable housing accommodation for 30 boys, who with their housefather, care for 40 acres of garden in which all the small fruits and vegetables, except potatoes, which are grown on the rented farm, for our family of 1,800 are grown.

Last year we rented two other good dairy farms, one of 273 acres, one mile from the Asylum, for \$1,100 per year, and the other of 200 acres for \$1,000 per year, and established on each colonies of 20 inmates each and dairies of 40 milch cows each, their milk to be used entirely for making butter, of which we are at present making 100 pounds per day; nearly all we need for our regular dietary, in addition to producing all the milk needed.

This year we have placed a permanent colony of boys at Indian Lake to grow trees and do reforestation for the Conservation Commission on the state preserves in the Adirondacks. This is planned as an economy for both the Commission and the Asylum, as it will furnish us cheap beds and housing as well as an annual outing for the inmates, and the Commission cheap labor to do this work, as it is very expensive to transport supplies and trees and get labor in that remote region to do the work.

We had previously demonstrated that we could successfully do this work through having, under the supervision of the State

Forestry Department, reforested 40 acres of reverted state land, three miles south of Rome, and also 20 acres of waste land on the Asylum farm. We had also previously, as a result of several conferences with representatives of the State Conservation Commission, and learning of the amount of land in the Adirondack and Catskill region needing reforestation, decided to try the use of trained feeble-minded boys from this institution for such purposes, and October 1, 1915, a group of twenty-five boys with two attendants, were sent to North River, in the region of Indian Lake, to do such work under the supervision of a state forester.

We were late in the season in getting started, as considerable time was consumed in arranging the details; thus we had an opportunity for doing only one month's work, whereas we should have started on September 1st, and had an opportunity for two month's demonstration (frost and snow appears in this region about November 1st, and prevents further work). The trees for this work were grown by the Conservation Commission at their nursery at Saratoga. One carload of these trees was shipped to North Creek, the terminal of the D. & H. Railroad, and from there carted ten miles to North River, where the boys' camp was located, the camp consisting of tents, beds, and cooking utensils which are kept in stock by the Conservation Commission for that purpose.

At the end of four weeks, finishing on November 1st, the boys had set out about 150,000 trees, covering 150 acres, and the report made by the Conservation Commission shows that this work was much better done than it ever had been done by paid labor, or where convict labor had been used for such purpose. This work was worth \$1,000 to the state, and actually cost us in direct expense \$400, \$200 of which was railroad fares to and from North Creek, the supplies costing us about \$100, express and freight \$23, and labor \$75. Could this planting season have been extended, of course the showing would have been much better, as the expense of \$200 for transportation would have netted a much larger area of land covered, and a much larger number of trees planted.

The permanent reforestation colony at Indian Lake is located on 150 acres of open farm land where 80 boys will live the year around, and where other boys will camp in tents during the spring and fall planting season, the number depending on the number of trees available for planting. Forty to fifty boys will do the house and farm work and plant 500,000 trees per year, in addition to caring for the nurseries which have been established on the colony farm for growing these one-half million trees per year from seedlings to the planting age of two years. On this farm the boys are producing all their vegetables, milk, butter, beef, pork, mutton, eggs, etc., needed for maintenance, besides helping for pay the neighboring people in their work and having considerable excess products to sell, especially wool from the sheep. They are more than self-supporting.

Agricultural Operations.

We are at present operating 1,400 acres of land, 600 acres of which we own and 800 acres of which is rented. Last year on 1000 acres of land we produced food supplies to the value of \$90,000 at a cost to the state of \$48,000 for labor, seeds, fertilizer, farm utensils, stock feed, renewing farm equipment, etc. The products included 135,000 gallons of milk, 27,538 pounds of butter, 5,300 pounds of beef, 70,000 pounds of pork, etc. We actually butchered forty-two and one-half tons of pork between October 1, 1914, and April 1, 1915. The \$46,000 cost of farming operations is included in the \$149.97 which it cost us per capita for maintenance that year, and such home products represented one-fourth of the total cost of maintenance, or otherwise one-third of the net cost of such maintenance, to the state. With a larger acreage of land up to one acre per inmate we can continue to show a largely increased percentage of home products or self-maintenance.

Now the situation is just this: In addition to colonizing a great many of these trained boys on forest preserves for reforestation purposes, we need additional farm colonies for trained boys, or boys in training, where they can earn their own living and help to support the institutions. We have at least two

hundred trained males at present available for such colony life.

With five farm colonies for boys last year we were able to produce \$90,000 worth of farm products which cost us only \$46,000 to produce, and in this way we produced twenty-five per cent. of our total cost of maintenance for our entire population of 1,800 (1,570 inmates and 230 employees.) With additional land we can greatly increase our home maintenance.

It costs \$500 per inmate to build large brick buildings, and this \$500 per inmate (making \$10,000 for twenty inmates) will provide good farms of 100 to 150 acres each, with good buildings thereon for the accommodation of twenty inmates and a farmer and wife, and we will also have the land on which the inmates can earn their living. Thus it is cheaper to buy farms than to build large brick buildings.

We are asking the legislature this year for \$50,000 for additional farm colonies to accommodate at least one hundred inmates, on which they will earn their entire maintenance, and this will vacate one hundred beds here for cases which are greatly in need of training. There are four such adjoining farms with good buildings thereon which are for sale at present, and the state should take advantage of this opportunity to purchase them as cheaply as possible.

Rented Farms.

There are no less than eight farms within a radius of five miles of the Asylum, six of them being within two miles of the Asylum, and four of them bordering the Asylum farm, ranging in size from 100 to 400 acres, and all having good buildings thereon, which can be purchased for not to exceed \$70 per acre or rented at an annual rental of \$400 to \$1,000 each, and at present we are renting three of these farms at a considerable saving to the state, both for bed or housing costs for inmates, as well as annual maintenance cost. To build new for twenty inmates and two employees (man and wife) which each of these farm houses will accommodate, would cost \$10,000, or to purchase such farms outright would cost from \$7,000 to \$15,000 each, the interest on which at 6 per cent. equals \$420 to \$900, and under

rental the state receives taxes from the owner to more than equal the difference between the rental price and the interest cost. Also, the owner must keep up repairs, insurance, etc., and while of course we appreciate that under rental conditions we do not improve the property ideally as we would like, these are not ideal times in providing additional care for the feeble-minded, and almost any economical scheme that we can devise and put over and thus extend bed capacity and earning power for this class of state wards is better than sitting idly or pessimistically, awaiting vaguely ideal possibilities. In fact we can take these farms on shares and the owner's share of the net value of the crops will reimburse him for the rental price and thus carry out the scheme with no direct cost to the state.

Girls' Colony.

The following announcement was made at the opening of the first colony:

"Rome, N. Y., Oct. 7, 1914.

"A Working Girls' Home has been established at 209 W. Thomas St., telephone number, 172-J, where girls are available for domestic work, sewing, etc., by the day, week, or month. The girls going out from this place to work are capable of doing all kinds of domestic work except special cooking. They are only able to do common cooking.

Their services may be secured by telephone. The rate is fifty cents per day, and their services will be available for employment at any time on short notice.

Settlement for services will be paid direct to the manager of the Home. Bills will be regularly rendered weekly for such services.

These girls are not markedly defectives, but are girls who have been orphans or have never known a normal home, and when late in life they have gone out into the world they have been unable to get along because of lack of proper home training and normal worldly experiences, as a result of which they were sent to this Asylum for study, care and training, and we are sending them out to work, after having been thoroughly

trained and tested here to see if they can get in touch with the world under normal conditions, and thus learn to be self-sustaining and possibly have their entire freedom."

This colony is carried on in a rented house in the city, which constitutes the girls' home and social center, presided over by a housekeeper, or matron, with a social visitor to inspect their work, their street deportment, and to accompany them to moving picture shows and other social diversions, and to assist them in purchasing their clothing, etc. We hope in this way to have many of these girls learn through experience normal social reactions and family life, and thus to return the services of many of these willing and competent domestic workers to society, and in this way lighten the load and make state care and supervision possible for all of this class of dependents who positively need such care, and incidentally in connection therewith we have established the most positive test possible as to the ability of some of these cases to rehabilitate or support themselves, of all of which we can never be positive in a considerable number of these borderline cases until some such world test has actually been applied.

Of the 67 girls who worked through this colony during the last year, 42 remained at the end of the year and 25 were returned, as follows: Nine for social offenses, such as flirting on the street, boisterous on the street, noisy at the colony etc., only two were really serious social failures; none of the younger girls because they had not had sufficient training, and seven others were returned because of sickness or because their services were worth more to the institution than they were getting outside, namely, \$4.50 a week, and they offered to live and work at the asylum.

The very marked improvement occurring in these parole cases is most favorably commented on by all who come in contact with such cases, and there is no doubt but that it is the lack of these normal experiences in life which caused their previous failure.

These girls served 226 families in Rome during the year. A number of the girls worked one or two days per week at dif-

ferent places, about half of them having regular places where they stay continuously. They earned \$3,278.91, thus making themselves entirely self-supporting, with all bills paid and money in the bank to the Colony's credit at the end of the year, as well as each girl, in addition to having paid for all her own clothing, having an individual savings bank account, one girl having as much as fifty dollars in savings to her individual credit. It required about one-third of the earning of these girls to support the Colony, including the payment of salaries, rent, provisions, etc. Each girl is given twenty-five cents each week for spending money and fifty cents cash each week for the savings bank, the remainder of all money collected being placed in the bank for general expenses, clothing, etc., and each girl is given money from the general fund for all necessary or reasonable purposes.

I do not hesitate to declare that the results of our year's experience amply justify us in deciding to go on with the work, and surely the general interest manifest in the experiment, if such it may be called, as especially indicated by the many letters of inquiry among which may be especially mentioned those from the State Boards of Charities of Maine, Virginia and Indiana, the State Department of Education of Connecticut, etc., warrant the assumption that organized charity is awaiting avenues of social relief along these lines.

Financial Report, Girl's Colony, Oct., 1914, to Oct., 1915.

Total amount earned during the year\$3,278.91

Disbursements.

Colony girls (cash and clothing purchased)	\$1,863.85
House rent	375.00
Furniture and furnishings	321.84
Salaries, provisions, etc.	434.49
Expenses (water rent, telephone, lighting, traveling ex- penses, entertainments, car fare, etc)	273.56
Balance in bank	10.17

\$3,278.91

	Colony.	Institution.
Number of girls passing through	91	
Number of girls paroled through	36	17
Number of girls discharged after parole....	13	7
Number of girls discharged direct from	13	11
Number of girls returned from parole	14	6
Number of girls returned from discharge....	3	2
Number of girls remaining on parole	9	4
Number of girls remaining in colonies.....	53	

Girls designated "Institution" did not pass through Colony training.

Eighty-five out of ninety-one are still out at end of year, leaving only six partial failures, two of which are serious.

Before we adopted the colony plan many boys and girls who went out under individual parole, as provided for by Chapter 448, Laws of 1912, became lonely and homesick and longed for association with friends or acquaintances, and when their work was done, rather than remain alone, and having no other place to go, they would tend to drift to the streets and associate with whoever they came in contact, and of course naturally, under these conditions, they made low-grade acquaintances, and many times became so homesick that they begged to be allowed to return to the institution, or actually did return of their own accord (having no friends or relatives or other place to go), and it was this experience that led us to adopt the colony plan to gradually get these cases back in touch with the world and learn the ways of the world, and thus know how to care for themselves and at the same time have some place which they can call home while they are making their new associates and friendships, and thus protect them from falling into the hands of unprincipled people or bad companions during such rehabilitation period.

It is very noticeable that during the past decade the type of the feeble-minded coming to our doors for admission has greatly changed, and that whereas ten years ago 80 per cent. were idiots and imbeciles, only only 20 per cent. borderline cases or morons, now only 20 per cent. are of the idiot and imbecile

class, and 80 per cent. morons and borderline cases. I believe that one reason for so many more than ever before of these cases appearing as social failures or misfits is that machinery has to a great extent displaced common hand labor and more highly organized society depends more on co-operative movements, and thus demands more specialized ability of its individual constituents in order for them to succeed, less low grade and common labor being demanded or used, and therefore it behooves us to endeavor to rehabilitate these social misfits or failures, and if possible get them back in touch with normal working conditions through specialized training (agricultural, domestic and household work), and thus not only render them self-sustaining, but also to save them to something better than lives of institutional servitude.

Especially, in view of the fact that a constantly increasing number of borderline cases are appearing at our institutions and at Rome, if nowhere else, many very doubtful cases (this possibly due to the workings of the law, Chapter 448 of Law of 1912, which allows us to take doubtful cases for observation and study), in which diagnosis by the best experts will differ as the case is seen one day or another, there remains to us, if we are at all conscious of the extreme responsibility placed upon us, but one sure test as to the mental competency and capacity of the case to lead a normal life, and that is after thorough training, the world test as provided for by law under Chapter 448, Laws of 1912 (parole law).

Many of these cases having never lived in normal or reasonable homes in which to learn normal home and family life, and many others having lived as children in great congregate institutions where little or no manual and individual training, and especially no normal family domestic training was available, and having thus become institutionized, the only fair treatment for these doubtful cases, after giving them such training, is to give them one or more favorable trials in a normal, well-selected family and thus furnish an opportunity to round out such domestic training and experience; for does not every normal child develop through experience and right habit-forming opportunities, that

is, world experience and parental advice when in danger, and it is this method that we are following in the working girls' colony in Rome, as well as in our boys' farm colonies and our parole system for both.

During the past ten years I have seen many boys and girls thus rehabilitated, and the fact that a few fail on the first trial, or repeatedly, is no sure criterion that our judgment of the case was fallible, for I have many times seen these very same cases of failure almost immediately succeed when placed in another new environment, and from then on make good.

A REVIEW OF THE CAMPAIGN IN PENNSYLVANIA TO SECURE LEGISLATION FOR THE FEEBLE- MINDED¹

By ROBERT D. DRIPPS, *Secretary Public Charities Association of
Pennsylvania.*

The situation in Pennsylvania was somewhat unique. Pennsylvania was a state where a good deal had been done for the feeble-minded before the campaign began. We had the advantage of coming to the campaign with a considerable amount of general work already done all through the state. Three or four years ago the Associated Charities of Pennsylvania, with the assistance of the Department of Health and Charities of Philadelphia, and other societies, began the education by a general exhibit on mental hygiene, including not only facts concerning the feeble-minded, but also as to the care of the insane. The exhibit was shown in Philadelphia and Pittsburgh and other places, and a good deal of talk came about on these topics of care of the feeble-minded and insane, which served to prepare people for the definite campaign which has just come to a conclusion.

At the time when that preliminary work was done, we became convinced that the most important thing to do as a first step toward any campaign for adequate care of the feeble-minded was to learn so far as possible what the facts were in the state. Considerable work was done as a first step in gathering that information.

We secured the services of an expert physician and had a careful survey made of existing institutions having care of the feeble-minded, found out what they were trying to do, how they were doing it, how many were on waiting lists, what the conceptions of superintendents were as to future needs, and how

¹ Given at the Meeting of the American Association for the Study of the Feeble-Minded, New York City, June, 1917.

they view the problem, and what they thought ought to be done to meet it.

In addition to that, we made careful inquiries from the public school authorities to see what we could find out with regard to the prevalence of feeble-mindedness in the public schools. It was not possible to get accurate information except in a few centers, but we secured a good deal. We addressed letters to 6,000 physicians, asking for information with regard to specific cases not receiving institutional care. We did not receive a great deal of information in that way. As a professional man in another profession, I may say that I found doctors were not much better than lawyers in the matter of answering letters; we received only three or four hundred replies. In addition to this, we made inquiries, where possible, through institutions of a penal and correctional character, and found some institutions where the heads appreciated the relationship between mental deficiency and crime. From these we were able to get considerable additional information. Then we approached the court authorities and tried to find out what we could of the percentage of feeble-minded that came to the courts. There we were handicapped by the large proportion of courts where no attention was paid to matters of this kind, but we did get some information. In these, and in other ways, we tried to get what facts we could with regard to the existing situation in Pennsylvania. And finally, we felt it of great importance to find out all we could as to the prevalence of feeble-mindedness in society at large, by taking one locality and making a careful study.

We did not have either the money or the experience or the facilities for making any such careful survey as has been done recently in this state and one or two others, but we felt we had done something when we secured a trained psychologist and through her successful efforts made a careful study of one locality which was already noted for its difficulties resulting from a considerable number of highly undesirable people who came from one stock and became famous all over that section of the country, and a careful report by Dr. Wilhemina Key was published.

A survey made by one person, however careful and efficient, gives only very unsatisfactory information from a scientific point of view, nevertheless the information there was of very great value, and has helped very much in impressing on legislators and others the necessity for doing something to stop the progress and growth of this class of people.

After we had covered as much ground as we could and gathered all the information we could secure in these and other ways, we began to try and find out what the condition was in neighboring states, not by making surveys but by ascertaining the approximate number, the way they were cared for, what institutional facilities there were, what was projected in the immediate future in the way of facilities, how the problem was being handled in individual communities, and the way the nearby states were awakening people and legislators to the need, and with what result toward its remedy.

In that connection we then began to make a further investigation of these things, preliminary to the definite campaign itself.

We found early in our work that there seemed to be a marked difference of opinion among experts themselves as to just what should be said with regard to the nature of feeble-mindedness, as to its prevalence, and as to the best way of caring for the feeble-minded from a community point of view, and perhaps as to the program that should be adopted to interest people. We made a careful effort to consult representative people, we endeavored through executive officers and a committee on feeble-mindedness to find out the point of view, we read the authoritative works and current periodical literature dealing with these problems, consulted with leading physicians in our state and other states who were interested in this work and in work generally for the feeble-minded, and after getting as much information of that character as we could, we endeavored in an educative kind of way to spread the kind of information we thought the people of our state should have in order to rouse them to a sense of their responsibility. When that was done we

had the results passed on by experts and authorities in Pennsylvania and from outside.

I have dwelt on this preparatory work because it is our conviction that whatever success we have had is as a result of an immense amount of painstaking and thorough work in preparation, and that if we had not collected this information with the very great care which I have outlined we could not have made such an impression. That was the foundation of the whole thing and there was an enormous amount of painstaking care devoted to making it accurate.

After we had got this mine of material to work in, the question arose how to use and shape it. We came to the conclusion that the most useful thing would be to take as a nucleus an exhibit tending to show in graphic form the information we had collected with regard to the nature of feeble-mindedness, its prevalence in Pennsylvania, what was being done for it in Pennsylvania in the various communities, what the possibilities were, what could be done, and what the definite program might be for the state if it was dealt with as we thought it ought to be dealt with.

So we took this material we had collected and tried to block it out, and we got in touch with the Russell Sage Foundation Bureau of Research, with the department which is specially interested in preparing material for exhibits, and the Bureau ultimately took our material and put it into definite form, which eventually comprised the exhibit itself. We communicated with institutions in Pennsylvania, New Jersey, New York, Massachusetts and some other states, and secured a considerable amount of material, pictures, etc., tending to show the way in which institutional care was dealing with the problem. We also got a certain amount from the former Exhibit of Mental Hygiene. And when we got the whole thing planned out so that it was satisfactory to the Russell Sage Foundation and ourselves, we had the exhibit shown first in Philadelphia.

We were successful in securing a large and central location next to Wanamaker's, in the central part of the city, and there it was shown for two weeks. Over a hundred thousand

people came, by actual count, through the doors of that place and saw the exhibit in its totality. In addition to that, during that time we had columns and columns of newspaper publicity in every one of the Philadelphia papers both on the inside pages and on the editorial pages, and before it opened the leading city papers had given such attention to it through the state that the newspaper men in the smaller cities were prepared to believe it was of importance and worth while. You might be interested in knowing the way we got this unusual publicity in Philadelphia, because it is quite unusual. I have had experience of this kind before, and never before such success. The way it was accomplished was this: In the first place, we had a committee in general charge of the work at the time it was in Philadelphia, a committee made up of men and women, particularly women, socially prominent, women of means and social standing in the community who were especially interested in this line of work. The committee planned things out in such a way as to secure the interest of a considerable number of men and women throughout the city long before the exhibit was shown. They even took the trouble to write personal letters or call up on the telephone, asking people to make a point of coming and seeing the exhibit on the opening day, between certain hours, so as to be absolutely certain that not only a certain number of people, but of prominent people, would be there on a certain day. Then, one of the members of the committee invited the managing editor of every paper to luncheon at her home, and it was an excellent luncheon, and these gentlemen were very effectively reached. I remember my amusement in seeing one editor lean back in his chair, and hearing him say, "Well, boys, we don't care a rap about the feeble-minded, but we've had a bully good luncheon, and the least we can do is to find out what these people want, and go to it."

We asked them first to see to it that from each paper one man was assigned to cover that exhibit during the two weeks, rather than a series of different reporters. Those who have handled publicity know what that means. With different men on, the stories have no consecutive following of statements,

statements are confused and not accurate, and there is generally a good deal to undo. So only one man was assigned to cover the exhibit for each paper during the whole time it was there.

We also asked, the day before the exhibit opened, that every single paper should write an editorial on the exhibit, and that at the close of the exhibit, or after it had begun and the editors had had some opportunity to see it themselves, they do what they could to write a second editorial based on actual knowledge. Every single newspaper in Philadelphia did exactly these things.

Now this exhibit, after leaving Philadelphia, was taken to twenty-five different cities in Pennsylvania, and all told some 25,000 people saw it; that is not guess-work, but careful count at the door, with the help of one of these little machines for counting, and making allowance for those that went in and out, as far as possible. In addition to all this there were columns and columns of newspaper notices in all the papers throughout the state, both news and editorial. More than two hundred addresses were given by experts from all over the country on subjects they were especially qualified to discuss. Two or three hundred thousand copies of a leaflet telling the story interestingly to all who could read at all were distributed or mailed, and the co-operation of more than five hundred organizations was definitely secured by a formal resolution to help put the thing across—three hundred women's clubs, medical societies, state and local, public schools, parent-teachers associations, civic associations, chambers of commerce, and rotary clubs; an effort was made in advance to secure invitations of the chamber of commerce or the rotary club to have noted speakers at a luncheon to speak of this.

The only way to make all these things possible is to have a considerable amount of work done. I will describe briefly our machinery. One of our secretaries devoted his entire time to this particular exhibit. One man did virtually nothing but give it his immediate and sole attention. In addition to that, local committees were organized at his solicitation in each locality where the exhibit was to be shown, a month or two before-

hand, and these committees took the financial responsibility for getting the exhibit from the last point, for rental of a place in which to show it, and for all other expenses while it remained in that locality. As a matter of fact, in most of these cases a very considerable amount of the expense was avoided by volunteer assistance in various ways on the part of people who became interested. In Philadelphia this magnificent location had cost us nothing, and many things were furnished us free of charge. But there is bound to be a certain amount of expense, and in each locality this was borne by the locality itself.

We had an attendant go with the exhibit to superintend hanging and packing and take charge of the mechanical and manual labor. That was not a particularly expensive piece of work, and very well worth what it cost. Our assistant secretary prepared, as a result of experience in Philadelphia, a careful statement of instructions to volunteer guides, so that that piece of literature could be placed in the hands of any intelligent group of men or women and gone over by them beforehand, so that when the exhibit arrived they knew exactly how to carry on the work of showing people through and giving them an opportunity to understand what was wanted. We did not rely on that altogether, because it is marvelous how plain words on paper can be misunderstood, and before the exhibit actually started we had the assistant secretary of the Association go and meet the guides and explain in detail what he had already put on paper, and answer questions. I would not be truthful if I did not tell you that after all that we would learn once in a while of truly remarkable statements made by these guides. You cannot always be sure what questions will be asked by the public, and sometimes a guide who has become more and more impressed with the knowledge she was acquiring herself, will not want to display ignorance on any point, and will answer questions in a remarkable fashion. We regretted that, but a certain amount of that sort of thing was inevitable.

These local volunteer guides were themselves people of prominence in the communities where they were known. We had some social workers, and managers and directors of

charitable organizations, and prominent people in other directions, and the result was that they were able to get all the prominent citizens, men and women, to take the trouble to come to see the exhibit, and consequently to appeal to the legislature in a more effective way eventually.

As this exhibit was shown in the various centers throughout the state, there were many special attractions that we tried to make use of. We had moving pictures of institution life. We had a little one-act play, written by one of our Philadelphia editors, called "The Woman Unawake". It was a pretty clever piece of work, and wherever it was given it made quite a social event of. A district attorney took the part of the attorney in the play, and a prominent young woman of the town played the role of the woman, this of course made it a success locally.

It "put the story across."

We had stereopticon slides, and made particular efforts where there were social institutions nearby, or classes for backward children, to have their particular work displayed, in order to interest the local people, and we had addresses given by men and women of the town as well as by people from the outside. We felt our purpose would not be properly met if we relied exclusively on experts sent from outside to speak to the various localities. We wrote to prominent physicians of the different towns asking them to prepare papers to read at these times. The result was somewhat interesting. One result was that our Association began receiving hurried telegrams saying "I have agreed to deliver an address in connection with the Exhibit next month. Send me information immediately, as I know nothing whatever on the subject." So we would write addresses and insure their knowing a little more about it than they did when they began. That happened more often than you would imagine. We sent carefully prepared papers that had been prepared in other states besides our own, suggesting also places where they could obtain additional information, from books, etc. The result was a very worth-while awaking of keen interest where interest had been but superficial before.

In connection with the exhibit we also made a drive to reach

the members of the legislature and those who were politically prominent. Special effort was made to see that senators and members were reached in their home towns and not merely at the Capitol, making the approach preferably by local people. Then we had petitions for money for a village for feeble-minded women, which was the immediate cause for the campaign. In our previous exhibit on mental hygiene we had shown the necessity for prevention rather than cure or care, and it seems that the most essential thing of all was to reach this particular class of people. We had petitions to urge the legislature to pass a bill for this appropriation. In doing that we did not feel that the petitions would have the slightest effect on legislation, and I believe they do not have effect in any case, but they do have an effect on the men and women who sign them; they are taken round by influential people in the community and the people are made to understand that it is a serious matter, and each person becomes more interested in the legislation, and when asked to write or telegraph to his legislature he has some sense of responsibility.

In addition to all we did in connection with the exhibit itself it is worthy of note that in view of the fact that there was only time to take it to twenty-five centres, and other parts of the community must be handled in some different way, we carried on other meetings. We provided a speaker's bureau in connection with the main office at Philadelphia, and wrote everybody who would be interested, after a careful study of the map, asking each one to call on us for speakers and for suggestions as to how to organize meetings even though the exhibit was not going there. We received most generous support and assistance from people in the state and out of the state in addressing such meetings.

As to results of all this work, we had hoped to be able to report even before this the passage of a bill appropriating a substantial amount of money for the village for feeble-minded women. There is a curious situation in Pennsylvania from the fact that the dominant political party is in two factions and neither faction will allow the other to pass any legislation that

is worth while. It looks as if both would get together eventually however and pass this appropriation. Besides this political difficulty members of the legislature and others have felt that the tendency of the times, and experience in other communities both have indicated that it might not be well to have "women" in this bill limited to "women of child-bearing age", as was contemplated; therefore an amendment has been introduced broadening it in scope, and it is conceivable that the legislature may even further broaden it to make it fit a more general institution. If we can get any institution that will provide opportunity for segregation of these people we shall be more than satisfied.

In addition, however, to what we may get through the passage of any such law, we have stimulated a number of most interesting factors. As part of our exhibit we have found out not only what things the state should do, what the programme should be for our individual community, but as a result of that are able to report the number of places where, for example, classes for backward children have been started, courts have become interested in the examination of misdemeanants in juvenile courts, where in almshouses and county jails new facilities have been provided for examination of mental condition of inmates—all these activities, and many others like them, indicating the impression this thing has made on the people of Pennsylvania. I have no hesitation in saying that entirely apart from what we may accomplish from legislation, the educational results which have been achieved have justified every dollar that it has cost.

As to how many dollars it has cost, I can only say that so far as our central organization is concerned the year and a half has cost about \$3000; as near as we can tell without absolutely accurate information there has been expended in various localities about \$2000 more. That does not represent what it would have cost but for an enormous amount of volunteer service and gifts of rooms, etc. But it is practically true that that relatively colossal piece of work was put through for that cost. It

has been enormously worth while, and there is no question that today throughout the state there is a wider and more intelligent interest and a more keen appreciation of what the problems involve on the part of physicians and of laymen, a feeling in our institutions that they can more safely look for proper support of their institutions, a clearer conception on the part of all of what needs to be done in the future and a better hope of those things being done, than has been the case in Pennsylvania for a great many years.

RESULTS OBTAINED FROM THE REMOVAL OF TONSILS AND ADENOIDS IN THE FEEBLE-MINDED¹

By WM. J. G. DAWSON, M. D., *Medical Superintendent, Sonoma State Home, Eldridge, Calif.*

It is a well-known fact that hypertrophy of the tonsils and presence of adenoids may produce more or less dullness of the intellect in normal children. This is the result of imperfect aeration of the blood which supplies the brain, on account of obstruction to respiration. In the feeble-minded the conditions are more or less similar.

Out of 112 cases operated on in the Sonoma State Home the mental grades were as follows:

Borderline	6
Morons	39
Imbeciles	50
Idiots	17

When found present, adenoids also were removed in all cases.

Indication for Operation.

Chronic Hypertrophy42 cases or 37.5 per cent.

For tonsilitis70 cases or 65.5 per cent.

The results obtained were as follows:

Mouth Breathing.

There were 43 mouth breathers before the operation with 31 after—12 being entirely relieved of the trouble. No doubt others were more or less improved. The small number of cures may be attributed in part to the habit formed and the defective mentality.

Enuresis.

Out of 33 cases, including 6 morons, 13 imbeciles and

¹Read at the Meeting of the American Association for the Study of the Feeble-Minded, New York City, June, 1917.

14 idiots, only one case (an imbecile) appeared to be cured.

Sore Throats.

There were 70 cases, or 62.5 per cent. affected before the operation, and after, all were relieved excepting two.

Ear Trouble.

There were 19 cases, 16.96 per cent., who had ear trouble before the operation, and only two cases were affected afterwards.

Change in Voice.

Thirty-eight were improved, or 33.93 per cent. They could articulate better, or sing better if they were singers.

Tonsillar Tissue After Operation

Five cases showed recurrence, or 4.47 per cent.

General Physical Health.

There was no appreciable change in 22, or 19.65 per cent., while there was an improvement shown in 90, or 80.35 per cent. Of the 90, 6 were borderline cases, 33 morons, 42 imbeciles, and 9 idiots.

Mental Improvement from Observation.

There were 27 that showed improvement in mentality, or 24.1 per cent. Of the 27, 4 were borderline cases, 15 morons, 7 imbeciles, and 1 idiot.

The operations were performed within the past two years by the medical staff of the Home, the majority being performed by Dr. F. O. Butler, first assistant physician.

A NOTE ON THE DISTRIBUTION BY GRADES OF DEFECTIVE DELINQUENT WOMEN IN AN INSTITUTION FOR THE FEEBLE-MINDED

By MAUD A. MERRILL, *Research Assistant, Minnesota School for Feeble-Minded.*

The frequency of delinquency among the various grades of the feeble-minded has been estimated upon the basis of more or less general observations of social phenomena. The assumption has been rather generally made that the moron girl is more likely to be delinquent than the imbecile or the idiot. As an index of this frequency, a brief survey of the female population of the Minnesota School for the Feeble-Minded was made to ascertain what per cent. of the moron girls had been delinquent in comparison with the percentages of delinquents among those of the imbecile and idiot grades.

The institution population, of course, represents a highly selected group. It is to be expected that a larger proportion of the defective delinquents of the lower grades will be recognized and committed to an institution than those of the higher grades whose defect may escape detection. It is probable, therefore, that the percentage of the lower grades is relatively high in proportion. It must be taken into consideration, too, that the institution receives a larger percentage of the existing feeble-minded of the lower grades. Of the existing number of idiots,¹ Dr. Kuhlmann estimates that 37 per cent. are in institutions for the feeble-minded; 18 per cent. of the existing number of imbeciles; and only 2 per cent. of the existing number of morons. And when we take into consideration the fact that only about 5 per cent. of all existing feeble-minded are idiots, 20 per cent. are imbeciles, and 75 per cent. morons, it increases the probability that the lower grades of delinquents among the feeble-minded will be found with greater frequency in the institution group.²

¹ "Distribution of the Feeble-Minded in Society," F. Kuhlmann. *Jour. Crim. Law and Crim.* VII-2. July, 1916.
² *Ibid.*

To make the terms of the comparison of the different grades more nearly equal, since the idiots and imbeciles are more apt to be recognized and committed to an institution before they have had a chance to become delinquent, I have considered only cases who were committed to the institution after fifteen years of age. The classification of cases is based on the mental age as determined by the Kuhlmann Revision of the Binet-Simon scale. Cases with an intelligence quotient of 0—.24 (which is the equivalent of mental ages from 0—3.8) constitute the idiot group; an intelligence quotient from .24—.49, or mental age 3.9—7.9 constitutes the imbecile group; and an intelligence quotient from .50—.74, or mental age 7.7—11.3 constitutes the moron group. The total number of girls above fifteen years of age at time of admission was 392; of these 100 are known to have been delinquent either because they had been previously committed to an institution for delinquents for some overt act, or because of sex immorality. Many of the cases are unmarried mothers whose feeble-mindedness was first recognized after the birth of one or more illegitimate children. Only the undoubted cases are, thus, included and, of course, many whose delinquencies are not known has not been included.

Frequency of Delinquency by Grades.

	Idiot.	Imbecile.	Moron.
Number of delinquents	2	52	46
Female population of institution.....	182	296	181
Per cent. of delinquents for total female population	1	17.5	25.4
Number of females above 15	55	195	142
Per cent. of delinquents among females above 15	3.6	26.6	32.3

In the first line of the table is shown the number of delinquents for each grade. The second line gives the number of female idiots, imbeciles, and morons in the institution. The third line gives the percentages of delinquent idiots, imbeciles, and morons in the total female population. The number of female

idiots, imbeciles, and morons above fifteen years of age follows, and in the last line, the percentages of delinquents for each of the three grades based upon the number above fifteen years of age.

It is significant that the percentage of delinquent morons is so high when we consider that only 2 per cent. of the morons ever reach the institution.

The following table shows the distribution of the cases according to mental age:

Mental age	2	3	4	5	6	7	8	9	10	11	12	13
Number of cases	1	1	2	10	17	23	11	14	9	4	7	1

Similar tables seemed impracticable in the study of the number of delinquents among the male inmates of the institution because of the meagre data which the records afford for such cases. Some idea of the distribution may be gained, however, from a study³ made by Dr. Kuhlmann to determine the number

³ *ibid.*
of feeble-minded among the reformatory cases. In an institution population of 370 inmates, 10 per cent. were found to be of imbecile grade and 121 were of moron grade; none was of imbecile grade. As Dr. Kuhlmann points out, it is to be expected that among the reformatory cases would be found mostly high-grade feeble-minded. The distribution is as follows:

Mental age	5	6	7	8	9	10
Number of cases	1	3	6	8	32	81

The percentage increases with the increase in mental age, which would seem to indicate the same tendency that was apparent in the study of the delinquent girls.

SUMMARY.

- (1) The institution population is a highly selected group.
- (2) A larger percentage of the existing feeble-minded of the lower grades are committed to an institution.
- (3) The frequency of delinquency is greater among the higher grades of feeble-minded women in an institution for the feeble-minded.
- (4) Most of the feeble-minded in reformatories for boys are high grade.

THE DUTY OF THE EMPLOYER IN THE RECONSTRUCTION OF THE CRIPPLED SOLDIER.

By DOUGLAS C. McMURTRIE, *Director Red Cross Institute for Crippled and Disabled Men, New York City.*

We must count on the return from the front of thousands of crippled soldiers. We must plan to give them on their return the best possible chance for the future.

Dependence cannot be placed on monetary compensation in the form of a pension, for in the past the pension system has proved a distinct failure in so far as constructive ends are involved. The pension has never been enough to support in decency the average disabled soldier, but it has been just large enough to act as an incentive to idleness and semi-dependence on relatives or friends.

The only compensation of real value for physical disability is rehabilitation for self-support. Make a man again capable of earning his own living and the chief burden of his handicap drops away. Occupation is, further, the only means for making him happy and contented.

Soon after the outbreak of hostilities the European countries began the establishment of vocational training schools for the rehabilitation of disabled soldiers. They had both the humanitarian aim of restoring crippled men to the greatest possible degree and the economic aim of sparing the community the burden of unproductivity on the part of thousands of its best citizens. The movement had its inception with Mayor Edouard Herriot of the city of Lyons, France, who found it difficult to reconcile the desperate need for labor in the factories and munition works while men who had lost an arm or a leg but were otherwise strong and well were idling their time in the public squares. He therefore induced the municipal council to open an industrial school for war cripples which has proved the example and in-

spiration for hundreds of similar schools since founded throughout France, Italy, Germany, Great Britain, and Canada.

The disability of some crippled soldiers is no bar to returning to their former trade, but the injuries of many disqualify them from pursuing again their past occupation. The schools of training prepare these men for some work in which their physical handicap will not materially interfere with their production.

The education of the adult is made up largely of his working experience. The groundwork of training in his past occupation must under no circumstances be abandoned. The new trade must be related to the former one or be, perhaps, an extension or specialization of it. For example, a man who had done manual work in the building trades may by instruction in architectural drafting and the interpretation of plans be fitted for a foreman's job, in which the lack of an arm would not prove of serious handicap. A trainman who had lost a leg might wisely be prepared as a telegrapher, so that he could go back to railroad work, with the practice of which he is already familiar.

Whatever training is given must be thorough, for an adult cannot be sent out to employment on the same basis as a boy apprentice. He must be adequately prepared for the work he is to undertake.

The one-armed soldier is equipped with working appliances which have supplanted the old familiar artificial limb. The new appliances are designed with a practical aim only in view; they vary according to the trade in which the individual is to engage. For example, the appliance for a machinist would be quite different from that with which a wood turner would be provided. Some appliances have attached to the stump a chuck in which various tools or hooks can interchangeably be held. The wearer uses these devices only while at work; for evenings and holidays he is provided with a "dress arm," which is made in imitation of the lost natural member.

An important factor in the success of re-educational work is an early start, so that the disabled man shall have no chance to go out unemployed into the community. In even a short period

of exposure to the sentimental sympathy of family and friends, his "will to work" is so broken down that it becomes difficult again to restore him to a stand of independence and ambition. For this reason, therefore, the plan for his future is made at as early a date as his physical condition admits, and training is actually under way before the patient is out of the hospital.

In the readjustment of the crippled soldier to civilian life, his placement in employment is a matter of the greatest moment. In this field the employer has a very definite responsibility.

But the employer's duty is not entirely obvious. It is, on the contrary, almost diametrically opposite to what one might superficially infer it to be. The duty is not to "take care of" from patriotic motives, a given number of disabled men, finding for them any odd jobs which are available, and putting the ex-soldiers in them without much regard to whether they can earn the wages paid or not.

Yet this method is all too common. A local committee of employers will deliberate about as follows: "Here are a dozen crippled soldiers for whom we must find jobs. Jones, you have a large factory; you should be able to take care of six of them. Brown, can you not find places for four of them in your warehouse? And Smith, you ought to place at least a couple in your store."

Such a procedure cannot have other than pernicious results. In the first years of war the spirit of patriotism runs high, but experience has shown that men placed on this basis alone find themselves out of a job after the war has been over several years, or in fact, after it has been in progress for a considerable period of time.

A second weakness in this method is that a man who is patronized by giving him a charity job, comes to expect as a right such semi-gratuitous support. Such a situation breaks down rather than builds up character, and makes the man progressively a weaker rather than a stronger member of the community. We must not do our returned men such injury.

The third difficulty is that such a system does not take into account the man's future. Casual placement means employment

either in a make-shift job as watchman or elevator operator such as we should certainly not offer our disabled men except as a last resort—or in a job beyond the man, one in which, on the cold-blooded considerations of product and wages, he cannot hold his own. Jobs of the first type have for the worker a future of monotony and discouragement. Jobs of the second type are frequently disastrous, for in them a man, instead of becoming steadily more competent and building up confidence in himself, stands still as regards improvement and loses confidence every day. When he is dropped or goes to some other employment, the job will have had for him no permanent benefit.

Twelve men sent to twelve jobs may all be seriously misplaced, while the same twelve placed with thought and wisdom and differently assigned to the same twelve jobs may be ideally located. If normal workers require expert and careful placement, crippled candidates for employment require it even more.

The positive aspect of the employer's duty is to find for the disabled man a constructive job which he can hold on the basis of competency alone. In such a job he can be self-respecting, be happy, and look forward to a future. This is the definite patriotic duty. It is not so easy of execution as telling a superintendent to take care of four men, but there is infinitely more satisfaction to the employer in the results, and infinitely greater advantage to the employee. And it is entirely practical, even in dealing with seriously disabled men.

A cripple is only debarred by his disability from performing certain operations. In the operations which he can perform, the disabled man will be just as efficient as his non-handicapped colleague, or more so. In the multiplicity of modern industrial processes it is entirely possible to find jobs not requiring the operations from which any given type of cripples are debarred. For such jobs as they can fill the cripple should be given preference.

Thousands of cripples are now holding important jobs in the industrial world. But they are men of exceptional character and initiative and have, in general, made their way in spite of employers rather than because of them. Too many employers are ready to give the cripple alms, but not willing to expend the

thought necessary to place him on a suitable job. This attitude has helped to make many cripples dependent. With our new responsibilities to the men disabled and fighting for us, the point of view must certainly be changed. What some cripples have done, other cripples can do—if only given an even chance.

The industrial cripple should be considered as well as the military cripple, for in these days of national demand for the greatest possible output there should not be left idle any men who can be made into productive workers.

With thoughtful placement effort, many men can be employed directly on the basis of their past experience. With the disabled soldiers who profit by the training facilities the government will provide, the task should be even easier.

This, then, constitutes the charge of patriotic duty upon the employer:

To study the jobs under his jurisdiction to determine what ones might be satisfactorily held by cripples. To give the cripples preference for these jobs. To consider thoughtfully the applications of disabled men for employment, bearing in mind the importance of utilizing to as great an extent as possible labor which would otherwise be unproductive. To do the returned soldier the honor of offering him real employment, rather than proffering him the ignominy of a charity job.

If the employer will do this, it will be a great factor in making the complete elimination of the dependent cripple a real and inspiring possibility.

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The Journal of Psycho-Asthenics will for the present be discontinued as a Quarterly. Until further announcement is made it will contain only the annual proceedings of the American Association for the Study of the Feeble-Minded, which will be published in one volume annually. This will be sent to present subscribers of the Journal at the same price of one dollar a year. Subscribers whose subscription does not end with the present June number of the Journal, and who do not wish the annual proceedings may have their money refunded at the rate of twenty-five cents for each number still due them. Those who want the proceedings will be made the same allowance on its subscription price for numbers of the Journal still due them.

We want to call the attention of readers of the Journal, and especially of superintendents of State institutions to the following letter and article concerning the employment of our war cripples. Is there not here an unusual opportunity for state officials especially to return in a small measure the services our disabled soldiers have rendered our country?

The Editor,
Journal of Psycho-Asthenics,
Faribault, Minn.

Dear Sir:

The only sound method of dealing with the crippled soldier or civilian is to train him for a trade in which his physical disability does not incapacitate him. This is being demonstrated more clearly than ever before by the way the war cripple in foreign countries is overcoming his handicap. In fact, the complete elimination of the dependent cripple has become a real and inspiring possibility.

In this country the government will provide the necessary medical treatment, supply artificial limbs, conduct the training for an occupation, and find the job. It rests with the people, however, as to whether they will encourage the returned soldier to accept the advantages of training which will refit him for a life of usefulness and self-respect.

The American Red Cross is inaugurating a campaign to promote general intelligence regarding the true needs of the crippled soldier. The duty of the employer in this connection is outlined in the article which is herewith submitted to you for publication. By bringing this practical proposition to the attention of your readers, you will help in creating an enlightened sentiment that will recognize the capabilities of the cripple when properly trained.

Will you consider the publication of an illustrated exclusive article on any phase of this question, which you might decide is the most important for your purpose?

Please send me a copy of the issue in which the enclosed article appears.

Sincerely yours,

H. R. HEYDON,

Chief, Department of Public Education.

REVIEWS AND NOTICES

The Psychology of Special Abilities and Disabilities. AUGUSTA F. BRONNER, Ph., D., Little, Brown & Co., Boston, 1917. P.p. vi+269. Price. \$1.75.

Dr. Bronner defines her problem in terms of individual adjustments and limits it to educational and vocational considerations. Arising from the present lack of recognition of special abilities and disabilities of school children and the consequent tendency to ignore particular aptitudes emphasizing only the general low level of ability, the problem of adjustment depends for its solution upon the discovery of individual abilities and individual inabilities. Thus an individual may function normally except for some special mental defect, or an individual who, though generally mentally below normal, may yet have some special ability. By "an individual with special mental defect," the author means "a person with some mental defect who could not rightfully be designated feeble-minded or subnormal; one who proves by tests that in the main he is normal. The extent of incapacity may be more or less narrow. On the other hand are the mental defectives with special abilities. The feeble-minded "who fall somewhat below the upper limits of feeble-mindedness (the Binet tests for the twelve year level) * * who yet possess abilities which, not discovered by these tests, render them able to compete in an ordinary environment." The author defines also a third group, the "sub-normal," who, "while definitely lacking in the higher mental powers as estimated by tests, yet pass the Binet twelve year level and possess special abilities of social significance." To effect the best possible adjustment of these individuals to the group, the author proposes diagnosis by means of psychological tests with a view to practical solutions.

The proposed solution of this problem is, then, through the study of the mental processes involved in various activities. The limitations of such study in consideration of the means at present available and the restricted state of present knowledge with respect to the measurement of special mental processes, are noted in connection with the discussion of the various mental processes which are supposed to be discriminated by certain tests.

The need of such diagnosis is emphasized in a brief survey of present educational tendencies which Dr. Bronner interprets as the "socialization of

the individual," stressing chiefly the group rather than the individual. That individual diagnoses can be made of practical value even with the acknowledged present limitations of our laboratory methods, is the author's contention. And it is by such study, she thinks, that we may hope to improve our methods of discriminating the various mental traits.

The means employed to solve this problem, the methods of diagnosis, are first the various revisions of the Binet-Simon scale for measuring general intelligence, and second, "other tests available for the study of the various mental processes." The clinical findings are supplemented by the "developmental history," "the physical conditions at the time of the examination," "the educational opportunities," "the social background," and "perhaps the facts of heredity." "It is the accuracy and completeness of all these data which determine the value of the final diagnosis."

The "other tests" used consist of performance tests, association tests, "tests of psycho-motor control," etc.

1. Introductory Test: a combination of the form board with the picture puzzle. (Healy Intro. Picture Form Board).

2. Construction Test I: consisting of a wooden frame into which five pieces are to be fitted. (Healy Construction Puzzle A).

3. Construction Test II: more complicated than I. (Healy-Fernald Construction Puzzle B).

4. The Puzzle Box: box fastened by a series of strings passed over posts which can be unfastened only in a certain sequence. (Healy).

5. Cross Line Test I: two lines crossing like a large X with numbers in the angles. (Healy).

6. Cross Line Test II: more complex form of cross line test I. (Healy).

7. Code Test: combination of the two cross line tests. (Healy).

8. Pictorial Completion Test: picture representing ten activities from which ten squares of equal size have been cut out so that in each piece is a part essential to the meaning of the whole. (Healy).

9. Ebbinghaus Completion Test: mutilated text. (Trabue Scales).

10. Arbitrary Association or Substitution Test: Association between a set of symbols and numerals. (Healy).

11. Tests of Memory for Logical Material: stimuli visual and auditory. (Healy).

12. Tests for Memory Span.

13. Tests for Visual Memory.

14. Tests for Remote Memory.

15. Tapping Test: tapping in half inch squares. (Motor Coordination Test—Healy).

16. Tests for Controlled Association: words given by subject must have an assigned relation to stimulus word. (Woodworth-Wells).

17. Kraepelin Addition and Subtraction Tests: continuous addition and subtraction.

18. Aussage Test: testimony test. (Healy).
19. Instruction Box. (Healy).
20. Analogies Test. (Terman and others).
21. Tests for Arithmetic Reasoning. (Terman).
22. Ball and Field Test. (Terman).
23. Link Chain Test.
24. Test for Mechanical Ability. (Stenquist).
25. Directions Test. (Woodworth-Wells).
26. Tests for Visual Perception Plus Attention: cancellation test.
27. Questionnaire Tests for Ordinary Information. (Healy).
28. Tests for Common-Sense Adaptations.

The author groups them as "tests for the study of the various mental processes." There are performance tests for the perception of form and form relationships; tests for discriminative capacity of color, form, etc.; tests of "apperception" such as the Ebbinghaus and Pictorial Completion methods; tests for memories, auditory, visual, etc.; the various association tests, Kent-Rosanoff, Woodworth-Wells, etc.; tests for reasoning ability; for psycho-motor control; for mental control; and for other special abilities. It is an attempt to "study in detail the various mental processes in their relationship to the capabilities of the individual."

In his diagnosis, the clinical psychologist must differentiate these cases of special mental disability from psychopathological cases. Nervous disorders, hysteria, dementia praecox, epilepsy, chorea, and other diseases affecting a disturbance in the functioning of the mental processes must be carefully discriminated. Thus differential diagnosis assumes an important place in the examination.

In accordance with the author's purpose to study these cases with a view to educational and vocational considerations, she considers "special defects in number work," "special defects in language ability," and follows these with a consideration of "special defects in mental processes," and "defects in mental control," after which she devotes a section to "special abilities with general mental subnormality." The method of treatment consists of an analysis of the elements involved in the special disability under consideration and the citation of illustrative cases to answer the question "whether mental processes as studied by psychological tests can be analyzed in order to explain the defect that is found."

In the analysis of the mental functions involved in arithmetic, the cases cited in illustration have all proved normal except for the one special disability in number work. The case study is followed by a note on the recommendation made and the results obtained on the basis of such recommendation. In each case the issue was a thoroughly practical one based as it was on educational or vocational guidance. For instance, one boy has a "defect in auditor memory for numbers" with no other noticeable defect. He had even "exceptionally good visual powers." It was recommended that the

teacher use visual methods of presentation. The results were of immediate practical value.

Special defects in language ability are discussed under three heads, reading, spelling, and spoken language. Emphasis is laid on the "complexity of the reading process and the various phases of the mental life that are involved therein."

Case studies follow. There is in each instance a recommendation of direct education or social import.

Under the heading, "special defects in separate mental processes," the author discusses, defects of memory," "defects of inner visual functions," "disabilities for work with concrete material," "defect in speed of reactions," "defects in perceptual abilities," and "defects in higher mental processes." That the relationships of the various aspects of the memory processes to each other and applications to complex activities have not yet been fully determined, the author reminds us. She then discusses cases; one who has "defects for auditory presentations," a case who has "defective rote memory - - -whose immediate memory is normal" and also a case whose "visual memory" was poor whose "apperceptions were quicker than his visual perceptions"! Emphasis is, however, chiefly on the discriminative capacity of tests for immediate and remote memory.

A discussion of disabilities for work with concrete material follows. Distinction is here made between "inability to solve problems dealing with concrete material because of difficulty in finding methods of solution," and inability which is the result of "lack of dexterity to carry out well the solution one has reached." The former involves lack of "perception of concrete relationships," the latter poor "psychomotor control." Both types of inability are illustrated.

Defect in speed of reactions explains occasional instances of "seeming general incapacity." Individual differences in sensory and perceptual powers are shown in discrimination of weight, color, form, length of line, etc. The fact is noted that "in spite of much experimentation we do not know the thresholds below which disability in perceptual powers, auditory, visual, or for stimuli of other types, becomes important as conditioning failure in educational or vocational life."

Defects in the higher mental processes are discussed with the reservation that "the presence of such defects leads one to doubt whether the individual possessing them can be regarded as sufficiently normal mentally to fall within the group of individuals with special defects." Such are persons who seem to have normal capacity as judged by social reactions or results on mental tests who yet may have "extremely poor ability in some one or more of the so-called higher mental powers." Apperception as "capacity for sizing up situations" is cited. Defective power of "mental representation" is discussed and illustrated, also defective "perceptions of relationship."

In regard to defects in mental control, the author considers that "defec-

tive powers of control of actions may be due, on the one hand, to inability to repress the feelings, that is, to lack of emotional control; and, on the other, to failure to arouse inhibiting ideas." She cites Davenport's classification of such individuals as "the feebly inhibited." The cases chosen for illustration are the typical "control defectives," "delinquents - - - with their inability to resist temptations, their extreme bad temper, angry threats and violent reactions."

The opposite type of mental irregularities, namely, special abilities which rise above the level of general mental subnormality is then discussed. These special abilities on account of their minor social significance, are accorded briefer consideration. Some, however, which give evidence "of such social significance that there is a strong possibility of successful adjustment (of the individual) to conditions outside of institutions" deserve a special study. Special ability in number work, in language, in work with concrete material and in rote memory are discussed with illustrations and their possible social significance noted. A brief consideration of border-line cases follows. These are the cases which after long observation and repeated testing are still difficult to classify.

The chapter on general conclusions, somewhat in the nature of an apologia, restates the author's purpose and again emphasizes the limitations of the method.

"No dogmatic statements can be made in regard to general constructive measures." "Even though subtle distinctions cannot be made and minute differences discriminated, we may find illustrating suggestions in special instances of success and failure." There is a recapitulation of (1) the recognition of a need for individual adjustment with the purpose to present types of abilities and disabilities that require special consideration and to prove the practical importance of directing efforts in accordance with these mental characteristics; (2) present means which are helpful but inadequate; (3) need for educational diagnosis; and (4) the inadequacy of mental tests. The author emphasizes the fact that the "balances should be preserved between reasonable expenditures of time and energy and the value of results that we may hope to attain." And she concludes it the part of wisdom to discover all one can of the characteristic mental traits of individuals and to guide practical procedure in the light of these findings" - - - - that "analysis of mental processes which are elements in activities for which defect exists would seem to offer the best of hope of rationally attacking problems of specialized incapacity."

That she has maintained her thesis of the practical value for educational and vocational guidance of her method seems evident to this extent. If case X can not retain impressions received by means of auditory stimuli, it is certainly the part of wisdom to caution his teacher to use visual stimuli where in lies no difficulty. But that such expressions as "poor visual memory" "poor auditory memory," etc., imply, in spite of the author's cautions, that the

tests used can and do measure these mental functions, is very misleading. The use of such terminology and of such expressions as "social apperceptions," etc. is apt to beguile the psychologist into a false sense of scientific accuracy. In regard to the method the author states that "analysis of mental processes seems to offer the best hope of rationally attacking the problem," - - - One is testing for these various mental processes, it appears. Whether or not one finds them by these means, one is on the way and may, from our author's point of view, finally arrive. But one feels that after all it seems to be a Paracelsus way, as who should say, "I see my way as bird's their trackless way, I shall arrive." In the last analysis it is the personal judgment of the psychologist which must evaluate all these various results. We are still far afield from a scientific method.

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